

Operational Plan 2017/18 and 2018/19

'Good 2 Outstanding'

STP Footprint Name: Herefordshire and Worcestershire
Footprint Population: 0.8million
Number of CCG's: 4



STP Footprint Name: Gloucestershire
Footprint Population: 0.6million
Number of CCG's: 1

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Glossary of Terms

5YFW	Five Year Forward View	LDR	Local Digital Roadmap
AF	Armed Forces	LETBs	Local Education and Training Boards
AWOL	Absent Without Leave	MH	Mental Health
CAMHS	Child and Adolescent Mental Health Service	MOU	Memorandum of Understanding
CCG	Clinical Commissioning Group	NHSE	NHS England
CQC	Care Quality Commission	NHSI	NHS Improvement
CRHTT	Crisis Resolution and Home Treatment Team	OAT	Out of Area Teams
CYP	Children and Young People	PICU	Psychiatric Intensive Care Unit
DH	Department of Health	PMO	Programme Management Office
EI	Early Intervention	SFFT	Staff Friends and Family Test
IAPT	Improving Access to Psychological Therapies	SI	Serious Incident
FFT	Friends and Family Test	SMI	Serious Mental Illness
ICTT	Improving Care Through Technology	STP	Sustainability and Transformation Fund
IPS	Individual Placement and Support	SUP2S	Sign Up to Safety
IST	Intensive Support Team	SWIFT	South Warwickshire Integrated Foundation Trust
JUYI	Joining Up Your Information	TiC	Teens in Crisis
KPI	Key Performance Indicators	WVT	Wye Valley Trust
LD	Learning Disabilities		

Operational Plan Context

Recommit to our Strategic Objectives:

- We are fully involved with our partners in Herefordshire and Worcestershire and Gloucestershire
- We continue to work to deliver our strategic objectives within the context of the two STPs that we are involved in
 - Continue to improve the **quality** of the services we provide
 - Continue to improve **engagement** internally and externally to the Trust to support the delivery of a challenging agenda, which to be successful, has to be delivered in partnership with others
 - Ensure the **sustainability of services** and the Trust as an effective partner, employer and advocate for services
- We confirm acceptance of our revenue Control Totals of £0.883 million surplus in 2017/18 and 2018/19. We have taken advantage of the guidance in the NHSI letter of 15 November to keep our 2018/19 Control Total the same as 2017/18. We also confirm acceptance of our Agency Spend Ceiling Control of £3.404 million throughout the period 2017-2019

Five Year Forward View for Mental Health

1. Promoting good mental health and helping people lead the lives they want to live
2. Delivering integrated physical, mental healthcare and social care needs
3. Care and support will be based on the best available evidence
4. Providing the right care, at the right time and in the right place, and a seven-day mental health service
5. Prioritising prevention and early intervention of mental health problems
6. Decisions will be locally led, inclusive with services designed in partnership with carers and people with mental health problems

Building and maintaining a qualified workforce of committed staff is one of the greatest challenges facing the NHS, and the challenges in mental health reflect this

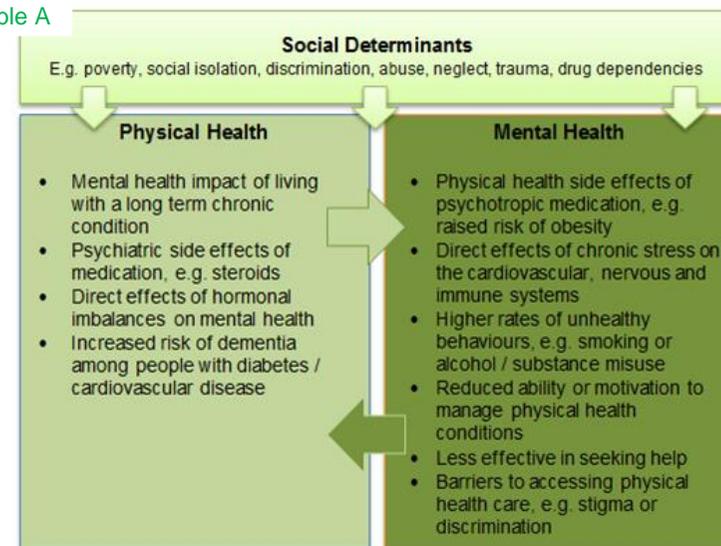
For 2017 to 2019 our key focus will be:

- Continued full engagement with the STP process and STP objectives
- Continue to develop and deliver high quality mental health services across our portfolio
- Continue to be the **employer** of choice across our portfolio
- Continue to be the **provider** of choice across our portfolio
- Maintain our CQC rating of 'Good', working toward 'Outstanding' demonstrating clear improvement in areas where it is required
- Delivery of our Control Totals
- Delivery of mental health specific performance targets such as IAPT and Early Intervention in Psychosis
- Single Oversight Framework achievement of Segment 2 or better

CQC Inspection Headlines

- We reported in our 2016/17 Operational Plan that we have achieved an overall rating of 'Good' and we repeat that planned outcome in this two year plan. Please see Appendix Quality A for further information

Table A



Good practice in partnership working: ²gether

²gether was highlighted by the CQC as an example of a mental health trust working well in close partnership with other agencies. It has a social inclusion culture that works closely with NHS providers, voluntary sector organisations, clinical commissioning groups, local authorities (social services and education). CQC report to Parliament:

'²gether was viewed as innovative, notably for working with schools and in other local organisations to raise awareness of mental health and the profile of mental health services. It was seen as an example of good, joined-up thinking – not just seeing a patient, but also seeing the person in their entirety. Inspectors highlighted its focus along care pathways and across a range of providers to ensure there were no out of area placements for adults. This ensured bed availability and transitions between services were monitored and managed well. Inspectors thought that this had a huge impact on bed availability, as support systems keep people healthier in the community.'

Scaling the Triple Aim

Health and Wellbeing Gap

Care and Quality Gap

Finance and Efficiency Gap

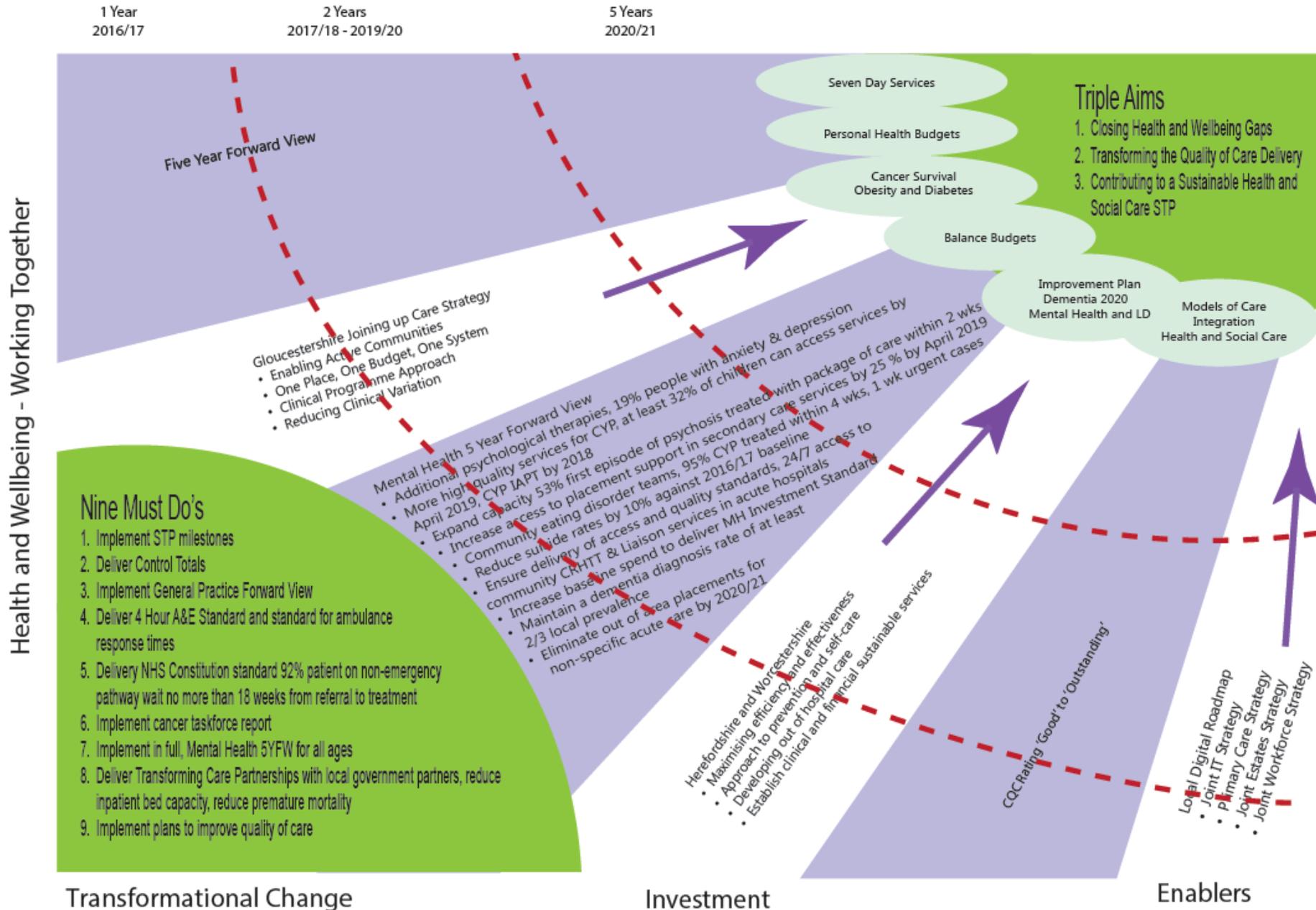
Nine National 'Must Dos'

Delivering the key 'Must Dos'		These are threaded throughout the document but see table below for specific response
1	Implement agreed STP milestones on track for full achievement by 2020/21	We are delivery partners in the STP management in Gloucestershire and Herefordshire/Worcestershire
2	Deliver Control Totals and achieve local system financial Control Totals	We can confirm that we expect to deliver our financial control total for 2017/18
3	Implement the General Practice Forward View	Strengthening of the level of support that secondary MH services can provide to Primary Care and linking community to physical health care teams
4	Deliver the 4 hour A&E standard and standards for ambulance response times	² gether does not deliver A&E services, but will play its part in the whole health economy response, as appropriate. We play an underpinning role to the whole health economy response through the provision of psychiatric liaison and crisis resolution / home treatment services
5	Deliver the NHS Constitution standard for elective care	We will ensure delivery against the Mental Health treatment standards
6	Deliver the NHS Constitution 62 day cancer standard	We will deliver our equivalent of the cancer standards for Early Intervention Services - New psychosis cases will be treated within 2 weeks of referral – target 50%
7	Deliver the full implementation plan for the Mental Health Five Year Forward View	Addressing the requirement of 'No Health Without Mental Health' (Table A above) and the National Mental Health 5YFW embedded across our two STP footprints: <ul style="list-style-type: none"> Improved access to our services – CAMHS Response to the quality gaps in relation to Mental Health Five Year Forward View in Gloucestershire, Herefordshire and Worcestershire Delivery of these targets are built within our demand and capacity planning
8	Deliver Transforming Care Partnership plans with local government partners, reduce inpatient bed capacity	Our jointly agreed service development plans will significantly contribute to the 'Transforming Care' proposals for people with Learning Disabilities
9	Implement plans to improve quality of care	One of our strategic objectives is continuous improvement in quality, we will ensure this is delivered by investment in joint transformation

Please see Deliverables A

2gether Aligned with STP Footprint Deliverables and Milestones

Deliverables A



Two Year Operational Delivery Plan

	By 2017/18	By 2018/19
• Additional psychological therapies so that at least 16.8% (2017/18) and 19% (2018/19) of people with anxiety and depression access treatment, the majority of additional services to be integrated with physical healthcare	✓	✓
• Additional high-quality mental health services for children and young people, so that at least 30% (2017/18) and 32% (2018/19) children with a diagnosable condition are able to access services by end of 17/18. This should include all areas being part of CYP IAPT by 2018, additional capacity required to meet the new access and waiting time standards, and driving delivery of local transformation plans	✓	✓
• Plans and documented progress in place to increase access to evidence-based specialist perinatal mental health care to meet 100% of need by 2020/21. Local areas should be demonstrating progress against their established baselines for provision and workforce plans	✓	✓
• Contribute to a publication and implement a suicide reduction plan together with local partners that will deliver a suicide reduction of 10% against the 2016/17 baseline	✓	✓
• Deliver increased access to Individual Placement Support (IPS) for people with severe mental illness in secondary care services. Increase access to IPS by 25% on 17/18 baseline in 18/19		✓
• Expand capacity so that more than 50% (2017/18) and 53% (2018/19) of people experiencing a first episode of psychosis receive NICE-concordant care within two weeks of referral	✓	✓
• Implement community eating disorder teams; 95% [threshold confirmed Nov 16] of children and young people to receive treatment within four weeks of referral for routine cases, and one week for urgent cases	✓	✓
• Deliver effective 24/7 mental health services	✓	
• Deliver effective 24/7 mental health crisis response services in all areas; Crisis Response		✓

1. Activity Planning

Progressing the Five Year Forward View 2016/17

- Shared set of national planning assumptions to underpin all local plans
 1. Greater consistency between activity and financial trajectories set out in plans
 2. Activity growth
 3. Activity pressure – local demographic assumptions
 4. Develop accurate demand and capacity plans
- Working with Commissioners and patient groups to understand current service delivery and future patient choice over where and how they receive care
- Commissioners and GPs mental health patients are aware of their rights and offered choice in mental health services to make informed choices along the pathway
- Commissioners, providers, local authorities, local education and training boards (LETBs), health and wellbeing boards and other relevant organisations work collaboratively within a defined local health economy – with shared boundaries and an understanding of organisational interdependencies
- New and important access standards for mental health – to achieve a parity of esteem between mental and physical health by 2020
- By April 2016, personal health budgets will be an option for people with LD (Bubb review)
- Response to perinatal mental health review (Autumn 2015)
- A strong primary and out-of-hospital care system, with well-developed planning about how to provide care for people with long term conditions in primary care settings and in their own homes, with a focus on prevention, promoting independence and support to stay well

Response to the Five Year Forward View for Mental Health

- Expand Crisis Resolution and Home Treatment teams (CRHTT) to ensure that a 24/7 community-based mental health crisis response in all areas
- Physical health needs are met (280,000) by 2020/2021 – a new model with Primary care
- Increased access to perinatal mental health to receive evidence-based treatment, close to home, when needed
- Expansion in access CYP – at least 35% with a diagnosable mental health condition receive treatment
- Increased access to psychological therapies, at least 25% with a mental health problem have access each year
- People experiencing a first episode of psychosis should have access to a NICE-approved care package within 2 weeks of referral
- Out of Area placements for acute care should be reduced and eliminated as quickly as possible

Demand and Capacity Approach

Table B

Variance 2015/2016 and 2016/2017* Outturn						
Gloucestershire Community	Referrals	Discharges	Caseload	Contacts	DNA	Cancellations
Older People Services	↑ 3%	↓ -5%	↑ 9%	↔ -2%	● -1%	● -8%
Working Age Adults	↔ 2%	↔ 3%	↔ -3%	↓ -4%	● -10%	● -3%
Child and Adolescent Mental Health	↓ -5%	↓ -7%	↓ -6%	↓ -5%	● -8%	● -6%
Learning Disabilities	↑ 14%	↑ 11%	↔ 2%	↓ -5%	● 37%	● -11%
IAPT	↓ -6%	↑ 11%	↓ -16%	↑ 13%	● 16%	● 66%

IAPT activity levels reflect the service delivery issues identified in conjunction with the IST, NHSI, NHSE and Commissioners in both Gloucestershire and Herefordshire. These issues are fully addressed in our approved IAPT Recovery Plan, which we are on target to deliver.

Gloucestershire Inpatients	Admissions	Occupied Beddays incl SOL	Occupied Beddays excl SOL	Discharges	ALOS
Older People	↑ 4%	↓ -5%	↓ -4%	↔ 2%	↓ -6%
Working Age Adult Acute	↓ -6%	↑ 5%	↑ 3%	↓ -5%	↔ 0%
Working Age Adult PICU	↑ 55%	↓ -10%	↓ -9%	↑ 39%	↓ -35%
Working Age Adult Rehab	↓ -20%	↑ 3%	↔ -1%	↓ -24%	↑ 31%
Working Age Adult Secure	↑ 33%	↑ 16%	↑ 11%	↔ 0%	↑ 11%
Learning Disabilities	↓ -100%	↓ -5%	↔ -2%	↓ -100%	↓ -100%

Learning Disabilities service is subject to transformation in inpatient services

Variance 2015/2016 and 2016/17* Outturn						
Herefordshire Community	Referrals	Discharges	Caseload	Contacts	DNA	Cancellations
OP	↑ 10%	↔ 1%	↑ 3%	↔ -2%	● -6%	● 27%
WA	↑ 7%	↑ 13%	↓ -7%	↓ -6%	● -8%	● 12%
CA	↔ -3%	↓ -5%	↓ -5%	↓ -5%	● -7%	● -10%
IAPT	↓ -8%	↑ 25%	↑ 46%	↑ 18%	● 4%	● 61%

Herefordshire Inpatients	Admissions	Occupied Beddays incl SOL	Occupied Beddays excl SOL	Discharges	ALOS
Older People	↑ 5.80%	↓ -8.15%	↓ -6.13%	↑ 7.69%	↓ -12.83%
Acute	↓ -10.20%	↔ 4.83%	↑ 8.57%	↓ -11.43%	↑ 22.58%
Rehab	↓ -100.00%	↔ 1.79%	↑ 9.29%	↓ -7.69%	↑ 18.40%

- However please note in table B (above and to the left) that the outturn data for 2016/17 is calculated using 7 months of data that includes sessional variation that may lead to a lower than expected outturn figures, previous reports have been completed much later in the financial year.
- NHS Digital Reporting – UNIFY data (MHMDS) EI data added in April variances, reporting issues all being worked through with NHS Digital
- **Appendix Activity A** shows a snapshot of demand management over the last four years

In order to ensure sufficient workforce capacity is available to deliver services, the Trust has taken the following actions:

- Secured additional demographic funding from Commissioners
- Retained the potential staff productivity savings expected to result from its Improving Care through Technology scheme (circa £750k over three years), in order to offset expected increased demand and provide greater Time to Care
- Sought to reduce average length of stay where appropriate

In addition, the Trust has received significant additional funding during the last couple of years from Gloucestershire CCG with regard to 24/7 Crisis Liaison, CAMHS waiting times, Eating Disorders and EI in Psychosis. Both of our main Commissioners have also provided the agreed funding levels needed to continue to deliver against our IAPT recovery plan.

The following areas will impact on mental health and learning disabilities activity

Developments with Commissioners

Access standards and maximum waiting times

- By 2020/21 at least 30,000 more women each year will have access to evidence-based specialist mental health care during the perinatal period
- 70,000 more children and young people will be able to access high-quality mental health care when they need it by 2020/21
- An additional 600,000 adults with anxiety and depression will have access to integrated evidence-based psychological therapies, resulting in at least 350,000 completing treatment by 2020/21
- 50% of people experiencing a first episode of psychosis will be treated with a NICE-approved care package within two weeks of referral, rising to at least 60% by 2020/21
- Crisis Resolution and Home Treatment Teams will need to deliver 24/7 care by 2020/21. An equivalent model will also be developed for CYP
- At least half of all Acute Trusts will deliver 'core 24' liaison psychiatry by 2020/21
- Standards will be introduced for acute psychiatric care, with the expectation that care is provided in the least restrictive setting and as close to home as possible, including specific actions to substantially reduce Mental Health Act detentions and out-of-area placements by 2020/21
- A new health and justice pathway will be developed to deliver integrated health and justice interventions in the least restrictive setting
- Increase in IAPT access rate from 15% to 25%
- Continued delivery of parity of esteem
- The Mental Health Investment Standards

Activity Returns with Partners – Planning Assumptions

- Growth assumptions are set out with STP's and consistent across the two STP footprints.
- With both of our STP areas, mental health and Learning Disabilities activity is planned to grow at a rate of 1.9% per annum, this is factored into our activity assumption moving forward.
- Mental Health providers are required to move away from block contract delivery to be based upon one of these activity measurements:

Option 1	Option 2	Option 3
Capitation	Year of Care or Episodic	Some other method – to be agreed between Commissioner and Provider

- With regard to Gloucestershire, we have already agreed a methodology operated in shadow arrangement and have agreed with the CCG that this will continue (option 3)
- With regard to Herefordshire we are working with the CCG to develop an outcomes based framework which will again fit with option 3.

Achievement of Operational Standards

Progress on our delivery of mental health Five Year Forward View is illustrated in **Appendices Activity B and C**

Gloucestershire Locality

- IAPT remains a significant area of work in both STP's as we address a range of service delivery and performance issues. An agreed recovery plan is in place to address all issues. They are currently on track to deliver against plan
- The developments of Crisis Services and 24/7 Hospital Liaison services are progressing, however there are some delays due to staff recruitment
- Discussions held with Commissioners as this is a significant service development within Gloucestershire's overall crisis concordat programme
- The health and well-being house development, in partnership with Swindon Mind has progressed well and will become operational later this year
- The Autistic Spectrum service is now well established and meeting previously unmet need. The service is receiving referrals above its capacity and further investment may be required following further review and discussions with commissioners
- The personality disorder services development has been revisited to provide a more supportive service, which will be able to offer support to Mainstream Services, more individual patients within Mainstream Services and other agencies, whilst also offering Intensive Support Services for those require that level of intervention. It is planned that the service will be established on a pilot basis and will be subject to further investment and development dependent upon the outcomes of the pilot
- The implementation of a full CYPS Hospital Liaison service is progressing
- We have recently received confirmation that our bid for the provision of perinatal mental health services was successful and we will therefore be progressing this
- A number of issues around our Learning Disability services are moving forward with agreed terms of reference and/or timeframes



Herefordshire Locality

- IAPT remains a significant area of work as we address a range of service delivery and performance issues
- The development of Community Hospital Liaison Services has been implemented, and a further development of Liaison Services linked to the implementation of a Health Based Place of Safety in Herefordshire is being explored. This work is part of Herefordshire's response to the crisis concordat programme of works
- The development of CAMHs Hospital Liaison Services has been agreed within a limited budget and options to maximise the service delivery this can provide are being explored
- Work continues with Taurus and WVT colleagues around the alignment/integration of Mental Health, Community Physical Health and GP services
- We have recently been successful in a capital bid to provide a health based place of safety. The CCG are providing revenue funding in order to have this operational by October 2017



IAPT Service Improvement Plan

Includes Five Key Domains:

Clinical Pathway and Operational	Workforce Development	Data Reports and Reporting	Finance and Investment	Waiting List Initiative
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The project examines:

- Staff capacity managed via a vacancy tracking tool and productivity using a SharePoint sense checked productivity tool
- Design of a new clinical pathway for Herefordshire and Gloucestershire
- Continual monitoring of KPI trajectories
- Waiting times are reported through a Patient Tracking List – currently 18
- Referrals and marketing strategy – Herefordshire 15% annual equivalent access rate by March 2017, Gloucestershire to achieve a 12% rate by end of December 2016. A targeted marketing strategy across both counties continues
- Contract performance management – meetings with Commissioners are

- week threshold is met (Oct 2016)
- Data quality – compliance level is currently met for CCG performance measure
- Reduction in DNA rates is anticipated as the waiting list clears

- operational in both counties
- Commissioner investment – awaiting formal confirmation of financial variations, with approval in principle for an increase of £1.25m over 2016/17 and 2017/18 in Gloucestershire. In Herefordshire an approval in principle of an increase of £100k investment

Winter Resilience Plans

We monitor our ability to adapt to variations in demand throughout the year, with particular emphasis placed on the winter period (November-March). The Operational Resilience and Capacity Plan and the Pandemic Flu Action Plan represent two core aspects of the assurance process and are submitted to Gloucestershire and Herefordshire Clinical Commissioning Groups annually as part of the health system assurance process.

The key requirements of the National Mental Health Policy “**No Health Without Mental Health**” and the requirements of the National Mental Health Five Year Forward Vision will be embedded across our footprint through:

Improving Mental Health and Learning Disability Care

	2017/18	2018/19
• Focus on Perinatal care as it delivers immediate benefits and evidence-based Mental Health prevention	✓	✓
• Strengthening the management of people with dementia in acute urgent care systems and primary care at scale	✓	✓
• Increasing visibility, awareness and acceptability of mental health through a high profile Mental Health Cabinet in Gloucestershire focused on delivering integration rather than isolation	✓	✓
• Collaboration to deliver a range of care more locally at an STP/STP Plus level , to reduce demand for Tier 4 CAMHS, Locked Rehabilitation, Complex Dementia services	✓	✓
• Moving mental health care from Good to Outstanding with immediate priorities for delivery focused on talking therapies (IAPT) and Early Intervention Services (EIS)	✓	✓
• Conduct coordinated work on reducing stigma through campaigns and communications across STP's ensuring the delivery of evidence based, sustainable and regulatory compliant provision in response to the Triple Aim's challenge	✓	✓

CYP Initiatives

	2017/18	2018/19
• Stroud Schools Pilot Project: CYPS has been commissioned to provide 2.0 WTE CYPS Primary Mental Health workers to offer regular consultation and visits to 15 designated schools/colleges	✓	✓
• Signposting from CYPS: CYPS has an arrangement to send up to 20 partnership referrals per month, service wide to Teens in Crisis (TiC+), a local charity that offers professional counselling to young people across Gloucestershire	✓	✓
• The CYPS/TiC+ pathway offers support to young people (max 7 sessions)	✓	✓

Local Commissioning Assumptions and Affordability Restraints

Herefordshire CCG

- The development of alliance Provider and Commissioner agreements through the One Herefordshire programme to support the delivery of system objective

Mental Health and Learning Disabilities:

- Continuing and increased commissioning collaboration with the Local Authority, and also with other partners where appropriate
- Continuing implementation of the Mental Outcomes Framework, identified through the Mental Health Needs Assessment
- Development of prevention services, both Adult and Child and Adolescent
- Review of individual placements and the development of alternative in-county options to support current and future service users

Children and Young People:

- Continuing and increased collaboration with the Local Authority and also with other partners
- A focus on prevention strategies, multi-agency approaches and the increased joint commissioning of key services

Gloucestershire CCG

- Discussions with Gloucestershire Commissioners are on-going to deliver the STP main themes 'Joining up Your Care' – Enabling Active communities, one place, one budget, one system, clinical programme approach and reducing clinical variation. We are working closely as part of an initiative with Primary Care in Stroud and Berkley Vale, Gloucester City and the Forest of Dean which will lead to increased visibility in primary care settings.

Investment in Technology

Progressing our technology strategy



Joint IT Delivery Mental health will be active and prominent members of the IT strategy group that will take forward the Local Delivery Roadmap (LDR) /technology strategy.

	2016/17	2017/18	2018/19
• Adoption/move to externally hosted electronic patient records systems and NHS mail in both counties	✓	✓	✓
• Improving Care through Technology (ICTT) was set up to replace equipment and back office systems for colleagues in both Gloucestershire and Herefordshire to jointly support new ways of working together	✓	✓	✓
• New ² gether network and has rolled out new mobile working laptops with new easy to use connectivity in both counties. By the end of FY 16/17 all Gloucestershire community teams and all Herefordshire staff will be operating on the new system	✓	✓	✓
• Video conferencing, digital dictation and transcription, mobile working and collaboration tools will be an enabler of planned efficiencies across STP footprints	✓	✓	✓
• 17/18 a register of systems operating across the STP's	✓	✓	✓

Herefordshire and Worcestershire Technology

	2017/18	2018/19
• Shared approach to the Local Digital Roadmap (LDR) for the STP footprint. Our collective aim will be to ensure that mental health services are strongly represented and able to influence the roll out of the LDR	✓	✓
• People with mental health needs have equal access to technology developments that can support their care	✓	✓
• The whole system has access to and can utilise data to support commissioning and provision developments/improvements	✓	✓
• We work towards a paper free NHS by 2020	✓	✓

Both Herefordshire and Worcestershire services have electronic care record systems, but both are limited in their availability across other partner agencies/ providers. We will support both localities in the proposals for "Joining Up Our Information" (JUYI), so that we can share information across professionals and organisations.

Gloucestershire System Enablers: Joint IT Strategy

	2017/18	2018/19
• LDR footprint developed for Glos aligned to STP boundary	✓	✓
• JUYI	✓	✓
• Digitally enabled people to support Self Care Agenda	✓	✓
• Support staff in the adoption of new technologies and utilise data to support commissioning. Using technology to support more efficient working	✓	✓
• Working towards a paper free NHS by 2020	✓	✓

2. Quality Planning

Five Year Forward View

- High levels of patient and community engagement, with an emphasis on how to empower people and patients still further

Five Year Forward View for Mental Health

- 7 day services for mental health, right care, right time, right quality
- Prevention of suicides, by 2020/2021 at least 10% fewer people, all deaths will be learned from
- Older age acute physical health services have access to prevention and screening programmes

Care Quality Commission (CQC) – Inspection of our Services

The Care Quality Commission undertook a planned comprehensive inspection of the Trust week commencing 26 October 2015 and published its findings on 28 January 2016. The CQC rated our services as GOOD, rating 2 of the 10 core services as “OUTSTANDING” overall and 6 “good” overall.

The inspection found that there were some aspects of care and treatment in some services that needed improvements to be made to ensure patients were kept safe. However, the vast majority of services were delivering effective care and treatment.

The services and areas shown as “REQUIRES IMPROVEMENT” are covered by a comprehensive **Action Plan** which is fully resourced and monitored by 2gethers Governance Committee and Board and subsequently overseen by Commissioners at Contract Board meetings.

Full compliance with the Must Do recommendations will be achieved and evidenced during 2016/17. The day-to-day work of progressing the Action Plan is led by the service areas Clinical Expert Reference Group, which involves Experts by Experience and Carers as appropriate.

The Trust has developed an action plan in response to the 15 “must do” recommendations, and the 58 “should do” recommendations identified by the inspection.

Please see Appendix Quality A for full CQC rating

There is a Trust wide implementation group (CQC are invited to attend) that monitors delivery against our 15 Must Do’s and 58 Should Do recommendations. Table C shows all Must Do’s are delivered with evidence of assurance being put in place.



A full and detailed action plan has been developed to address the review findings.

Table D

No	Question	Self-Assessment	Deloitte Assessment
1. Strategy			
A	Does the Board have a credible strategy to provide high quality, sustainable services to patients and is there a robust plan to deliver?	●	●
B	Is the Board sufficiently aware of potential risks to the quality, sustainability and delivery of current and future services?	●	●
2. Capability and Culture			
A	Does the Board have the skills and capability to lead the organisation?	●	●
B	Does the Board shape an open, transparent and quality-focused culture?	●	●
C	Does the Board support continuous learning and development across the organisation?	●	●
3. Processes and Structure			
A	Are there clear roles and accountabilities in relation to Board governance (including quality governance)?	●	●
B	Are there clearly defined, well understood processes for escalating and resolving issues and managing performance?	●	●
C	Does the Board actively engage patients, staff, governors and other key stakeholders on quality, operational and financial performance?	●	●
4. Measurement			
A	Is appropriate information on operational performance being analysed and challenged?	●	●
B	Is the Board assured of the robustness of information?	●	●

Outcomes from external review of Governance

Deloitte undertook a review in September 2015 which correlated well with our CQC Comprehensive Inspection and whilst providing a positive outcome, confirmed areas for further development. Please see Table D.

Our key quality delivery priorities are shown in Appendix Quality B

Approach to quality planning

The table below provides a summary of our progress against our local stretch targets

Summary Report on Quality Measures for 2016/17

		2015–2016	Forecast 2016-2017
Effectiveness			
1.1	To increase the number of service users (all inpatients and all SMI/CPA service users in the community, inclusive of Early Intervention Service, Assertive Outreach and Recovery) with a LESTER tool intervention (a specialist cardio metabolic assessment tool) alongside increased access to physical health treatment	Achieved	Achieved
1.2	To improve personalised discharge care planning in: a) Adult inpatient wards and b) Older people's wards	Achieved	Achieved

Triangle of Care

The Triangle of Care is part of a national scheme which brings carers, service users and professionals together to offer support to both adult and young carers and those in care, in Gloucestershire and Herefordshire. Board has approved the delivery of the Triangle of Care programme.



1.3	To ensure that joint Care Programme Approach reviews occur for all service users who make the transition from children's to adult services	-	Significant Assurance
User Experience			
2.1	Were you involved as much as you wanted to be in agreeing what care you will receive? >78%	78%	Q2 86%
2.2	Were you involved as much as you wanted to be in decisions about which medicines to take? >73%	73%	Q2 79%
2.3	Do you know who to contact out of office hours if you have a crisis? >71%	71%	Q2 80%
2.4	Has someone given you advice about taking part in activities that are important to you? >48%	48%	Q2 75%
Safety			
3.1	Reduce the numbers of deaths by suicide (pending inquest) of people in contact with services when comparing data from previous years.	24	Aim to Achieve
3.2	Reduce the number of detained patients who are absent without leave (AWOL) when comparing data from previous years. Reported against 3 categories of AWOL as follows: 1. Absconded from an escort 2. Did not return from leave 3. Absconded from a ward (Note: definitions have changed during 2016/17)	13 23 78 114 total	14 28 80 122 Total
3.3	To reduce the number of prone restraints by 5% year on year (on all adult wards and PICU) based on 2015/16 data	120	Not Achieved Definitions have changed
3.4	95% of adults will be followed up by our services within 48 hours of discharge from psychiatric inpatient care	90%	

Trust Risk

The trust has identified its **top five organisational risks**: all of which have mitigation and a comprehensive governance process, and also understands its risk profile as illustrated below.



The Trust continues to work in collaboration with partner agencies, both statutory and voluntary sector partners, to implement suicide prevention strategies.

Patient Friends and Family Test (FFT) Responses

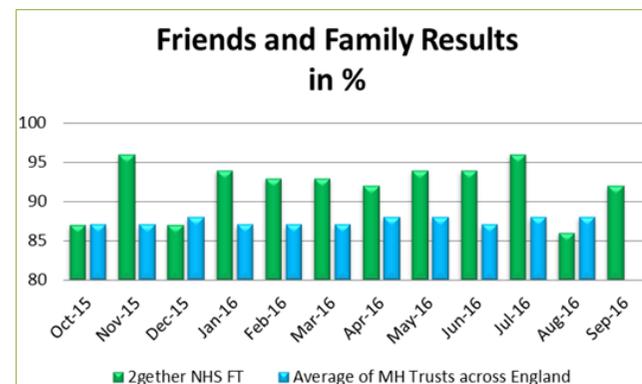
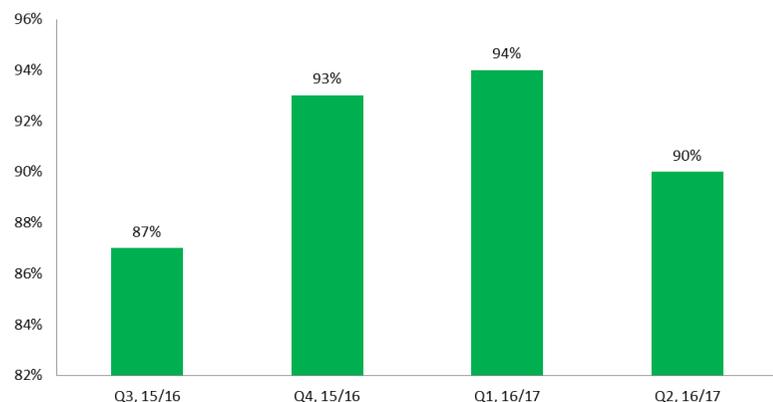
Service users are asked "How likely are you to recommend our service to your friends and family if they needed similar care or treatment?", and have six options from which to choose:

1. Extremely likely
2. Likely
3. Neither likely nor unlikely
4. Unlikely
5. Extremely unlikely
6. Don't know

The table below details the number of responses received each month; the SFFT score is the percentage of people who chose either option 1 or 2 – they would be extremely likely/likely to recommend our services.

	Number of responses	FFT Score (%)
July 2016	242	93%
August 2016	382	86%
September 2016	430	92%
Total	1,087 (Q1 = 643)	90% (Q1 = 94%)

The following graphs show the FFT Scores for the past rolling year, including this quarter. The Trust receives consistently positive feedback.



The results of the Care Quality Commission’s National Patient Survey Results for Community Mental Health 2016 show that this year, ²gether rates **in the top 20% of Trusts** in 4 out of the 10 domains of this survey (last year we scored ‘same as others’ in all 10 domains).

Duty of Candour

The Duty of Candour is a statutory regulation to ensure that providers of healthcare are open and honest with services users when things go wrong with their care and treatment. The Duty of Candour was one of the recommendations made by the Francis Report to help ensure that NHS organisations report and investigate incidents (that have led to moderate harm or death) properly and ensure that service users are told about this.

The Duty of Candour is considered in all our serious incident investigations. We include service users and their families/carers in this process to ensure their perspective is taken into account, and we provide feedback to them on conclusion of an investigation. Additionally, we review all reported incidents in our Datix System (incident reporting system) to ensure that any incidents of moderate harm or death are identified and appropriately investigated.

To support staff in understanding the Duty of Candour, we have provided training sessions through our Quality Forums and given all staff leaflets regarding this. There is also a poster regarding this on every staff notice board.

Our upgraded Incident Reporting System (Datix) has been configured to ensure that any incidents graded moderate or above are flagged to the relevant senior manager/clinician, who in turn can investigate the incident and identify if the Duty of Candour has been triggered. Only the designated senior manager/clinician can “sign off” these incidents.

“Staff across the trust understood the importance of being candid when things went wrong including the need to explain errors, apologise to patients and to keep patients informed.”

“We saw how duty of candour considerations had been incorporated into relevant processes such as the serious investigation framework and complaints procedures. Staff across the trust were aware of the duty of candour requirements in relation to their role.”

Sign up to Safety Campaign – Listen, Learn and Act (SUP2S)

We have signed up to this campaign from the outset and were one of the first 12 organisations to do so. Our five pledges are below:

1	<p>Put safety first Commit to reduce avoidable harm in the NHS by half and make public the goals and plans developed locally.</p> <ul style="list-style-type: none"> Trust board members carry out patient safety visits to wards and teams twice a month to have conversations about patient safety directly with clinical staff. Any actions are then actively followed up Measures to reduce the number of people who ‘abscond’ from the Trust’s wards are being implemented Steps taken to reduce missed doses of medication have led to a 48 per cent reduction in such occurrences over a three year period Harm from falls in older adult inpatient areas have reduced by 50 per cent over a three year time period, due to the introduction of increased safety measures
2	<p>Continually learn Make their organisations more resilient to risks, by acting on the feedback from patients and by constantly measuring and monitoring how safe their services are.</p> <ul style="list-style-type: none"> We will continue to act on feedback from those who use our mental health services and their families/carers, alongside hearing our staff voices Measurement will continue to provide learning in terms of knowing how we are doing Through building capability and capacity to improve, we will continue to learn through leading the south of England patient safety collaborative
3	<p>Honesty Be transparent with people about our progress to tackle patient safety issues and support staff to be candid with patients and their families if something goes wrong.</p> <ul style="list-style-type: none"> We will develop and ensure that duty of candour guidance is implemented and that staff are supported to be candid with patients and their loved ones not just when something goes wrong, but to continue to be open regarding assessment and treatment. A Duty of Candour leaflet went out to all staff with payslips; Quality forums held on Duty of Candour and embedded in our induction; review of SIRI Policy to ensure we are meeting our requirements under Duty of Candour; families are invited to be involved with all SIRIs
4	<p>Collaborate Take a leading role in supporting local collaborative learning, so that improvements are made across all of the local services that patients use.</p> <ul style="list-style-type: none"> We will continue to take a leading role as an organisation within the South of England Improving Safety in Mental Health Collaborative, to support both local and regional learning We will continue to collaborate with our patients and their families regarding their care
5	<p>Support Help people understand why things go wrong and how to put them right. Give staff the time and support to improve and celebrate the progress. Care and Compassion conferences and 3 Glimpse of Brilliance workshops have been delivered to build staff resilience and set the culture of the organisation which in turns improves patient safety.</p> <ul style="list-style-type: none"> We will continue to build a culture that supports staff to do the right thing, every time and to speak up when it may not be possible We will be open and share the learning of serious incidents and complaints



Sign up to
SAFETY



Within the Trust, the campaign is being used as an umbrella under which to place all patient safety initiatives such as:

- South of England Improving Patient Safety and Quality in Mental Health Collaborative
- NHS Safety Thermometer
- Safewards Interventions
- Reducing Physical Interventions project

Participation in SUP2S webinars has occurred, and webinar recordings are shared with colleagues. A Safety Improvement Plan has been developed, submitted and approved. Monitoring of progress as a whole is completed every 6 months via the Trust Governance Committee, but each work stream has its own regular forum and reporting mechanisms.

Four Goals – protecting service users and providing a safe environment

Protecting service users from further harm whilst they are in our care is a fundamental requirement. We seek to ensure we assess the safety of those who use our services as well as providing a safe environment for service users, staff and everyone else that comes into contact with us. In this domain, we have set ourselves 4 goals to:

Minimise the risk of suicide of people who use our services

Ensure the safety of people detained under the Mental Health Act

Reduce the number of prone restraints used in our adult inpatient services

Ensure we follow people up when they leave our inpatient units within 48 hours to reduce risk of harm

At the end of Quarter 2, Herefordshire services followed up **98%** (2 breaches) of people discharged from inpatient care and Gloucestershire services followed up **96%** (8 breaches) within target. This gives an overall organisational compliance of **97%**. Each of these breaches will be reviewed to establish if there are any themes and trends, and the learning from this review will be used to promote practice.

	Target	2012-13	2013-14	2014-15	2015-16	2016-17 Q2
Gloucestershire Services	>95%	89%	95%	95%	90%	96%
Herefordshire Services	>95%	70%	95%	92%	91%	98%

Quality Impact Assessment process (QIA)

The named executive lead for quality improvements is the Executive Director of Quality, Marie Crofts

In order to embed sustainability and assure good quality, we operate a Cost Improvement Programme (CIP) balancing efficiency and transformational change undertaken with full clinical leadership. Ensuring patient safety is the driver at all levels of the QIA process.

Underpinning the savings programme is the requirement to ensure that, as a result of the savings, quality and safety standards do not fall below national or locally determined levels. Consequently, a QIA accompanies every Product Description (PD), and its format and completion follows national best practice. In addition, all of our key performance metrics are closely monitored for any adverse impacts that may have resulted from implementing a savings scheme, both by the Delivery Committee on a monthly basis and the Governance Committee on a quarterly basis.

Our process for QIA completion which requires authorisation by the Medical Director and the Directors of Quality, Engagement and Integration and Finance:

- The QIA is raised at the same time as the work-stream Product Description (PD)
- Concurrently both the PD and QIA are signed by the work-stream's Service Director Lead – this ensures the service is signed up to delivering the change
- Quality risks are assessed against the three pillars of clinical quality (patient safety, clinical effectiveness, and patient experience)
- All risks are assessed for impact and likelihood in line with the Trust's standard for risk assessment
- Mitigation to address each risk must be included, and the resulting 'consequence' and 'likelihood' scores reflect the residual risk

The Governance Process

The progress and effectiveness of the work-stream PDs and QIAs is reported quarterly to the Governance Committee, and the work-stream tracker is reported to each meeting of the Transformation Board and the CIP Project Board, and is included in the Trust Board's monthly financial statement

Mid-year, the Executives and work-stream leads review the QIAs to provide assurance that mitigating actions have been effective, and to take appropriate action where necessary. The Governance Committee is advised of the outcome of that review.

- f. Safeguarding and Equalities are considered in addition to the three pillars of clinical quality
- g. A post implementation review ensures delivery of change efficiencies and benefits
- h. The QIA is quality assured by the Executive Directors detailed above and additional information, assurance, or clarity may be sought by the Executive Directors before authorisation is given
- i. Our QIA template is based on national best practice

Audit of our CIP process is part of our annual internal audit programme, with 2016/17 audit being rated as low risk.

The QIA initiation and governance process is shown in Appendix Quality C.

CQUIN together has a strong record of CQUIN delivery, achieving at least 99% of its target income in each of the last three financial years. We are fully committed to playing our role in both national and local CQUIN schemes.

Seven Day Services

We are developing a programme to review the content of roles and responsibilities to ensure our staff have flexibility of skills, knowledge and experience to deliver seven day services. Our values based recruitment (used for internal and external appointments) will help us ensure that our staff have the appetite, willingness and desire to provide good quality services each day of the week. We also have a rolling programme to review policies, procedures and local terms and conditions to develop an infrastructure which supports seven day working.

Gloucestershire Locality

- We are progressing a significant development of our crisis services (which will be renamed mental health acute response services) which will strengthen the 24/7 support we can provide to individuals within our direct care and/or requiring support but accessing Services through our partner agencies such as the Urgent Care System
- We are also introducing a seven day CYP acute services liaison team who will provide a key bridge between our main stream CYP services and the Acute Care System
- Alongside these initiatives we will be reviewing the demand and opportunities to extend seven day access to our other main stream services like IAPT

Herefordshire Locality

- We are strengthening our crisis services and acute hospital liaison services, which collectively will enable us to strengthen our S136 and 24/7 services
- We are also extending our CAMHs acute liaison services to improve seven day support particularly for young people with self-harm needs
- As per Gloucestershire, we will be reviewing the demand and opportunities for extending seven day access to our other Herefordshire main stream services

Seven Day Services feature as a key delivery in both STP's in which we work. We are fully committed to delivery ourselves and supporting our partners in their delivery of Seven Day Services. These must ensure that:

- waiting times are informed by clinical evidence and should be for effective care in line with NICE recommendations
- all services should routinely collect and publish outcomes data

Triangulation of Quality with Workforce and Finance

In order to ensure effective and visible triangulation and alignment between Quality, Workforce and Finance, every Confidential Trust Board meeting receives our Performance Dashboard (which contains all indicators we are measured on be they by NHSI, by DH or by Commissioners), a report on any Serious Incidents (SI's) and actions taken, and a detailed Finance Report. Significant discussions take place on all items at Board, and Board is able to see the impact of any issue on

Quality, Workforce and Finance at the same meeting. In addition, the Performance Dashboard (which includes workforce metrics) is reviewed every month at our Delivery Committee along with the financial position, with our Governance Committee reviewing any SI's on a monthly basis and receiving a quarterly report specifically on any unforeseen quality impacts arising from savings initiatives. Both Committees provide written reports to each Board meeting, which are presented by the Non-Executive Chair of each Committee. The above triangulation processes were reviewed externally by Deloitte in September 2015 as part of our Well Led Review of Governance, and regarded as strong with the quarterly report to the Governance Committee on any unforeseen quality impact of savings schemes being an enhancement to process following the external review. A summary of metrics can be seen in Appendix Quality D.

3. Workforce Planning

Response to the Five Year Forward View

- Engage with LETB (Local Education Training Board) to identify current and future workforce needs - A new Workforce Advisory Board
- Work with LETBs to ensure the right staff can meet frontline service needs
- Actions to improve physical and mental health and wellbeing of staff (taskforce for health workforce) - food and drink strategy
- Review flexible working arrangements and support for staff with unpaid caring responsibilities
- NHS Workforce Race Equality Standard – examine against this standard
- Plans to invest in and make better use of the current workforce, since the provision of health and care is mainly about people, not buildings or infrastructure
- Stable, ambitious and collective leadership to oversee and drive the transformation process
- Strong clinical leadership and engagement

Response to Five Year Forward View for Mental Health

- Sustaining transformation – a healthy workforce
- NHS staff will have improved access to **health and wellbeing support**, including the management of mental health in the workplace and provision of occupational mental health expertise and effective workplace interventions, *from 2016 onwards*
- Ensure a highly skilled workforce working with (CYP IAPT) programme to deliver post-graduate training in specific therapies, leading organisation change, supervision in existing therapeutic interventions and whole-team development. By 2018, all services should be working within the CYP IAPT programme, leading to at least 3,400 staff being trained by 2020/21 in addition to the additional therapists above. CCGs and providers should ensure that joint agency plans are in place by December 2016 for ensuring the continuing professional development of existing staff for the next five years.
- A highly skilled, confident workforce, with the right capacity and skill mix, is essential to enable the delivery of evidence-based care. Multi-disciplinary teams are vital for perinatal mental health
- Perinatal mental health capability, Health Education England is leading work to develop a competence framework describing the skills needed in the workforce, for completion by October 2017

Workforce Methodology

Our Organisational Development strategy was approved by the Board in July 2015. The content of the strategy is aligned to the Trust's three strategic objectives:

Improve Quality Safety, Outcomes and Experience	Engagement Increase Internal and External Engagement	Sustainability Ensure we are sustainable, an effective partner, employer and advocate
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Our Organisational Development Strategy is underpinned by:

- The Training and Education annual plan
- The Health and Well-being action plan (which supports the delivery of the Health and Well-being Strategy) and is a three year plan
- The annual Staff Attitude Survey action plan, which is revised annually
- The Staff Family and Friends action plan
- The Workforce Race Equality Standard action plan

As our work associated with progressing the STP develops, we will be able to revise and refine the outline resource requirements further and also scope the contribution mental health services can make towards the STP sustainability. Mental health will make a significant contribution to the savings associated with developing "Primary Care at Scale" and in contributing and facilitating the change in care pathways away from the predominantly Acute Care/urgent care based services response currently in place.

Organisational Development and Workforce

- The transition to integrated care and support
- Improving quality of care
- Finding and keeping the right people with the right values
- Developing adequately skilled and qualified staff at both professional and vocational levels

- Ensuring a positive workforce culture
- Establishing the right roles for integrated care
- Working across traditional role boundaries and multi-disciplinary team working

Significant assurance is given for the Organisational Development action plan:

- It is being monitored through and supported by the Workforce and Organisational Development sub-committee
- The action plan has been progressed during 2015/16
- There is continuing engagement with key stakeholders including an event with Experts by Experience, and a review by Service Directors of the action plan in March 2016
- The strategy and underpinning action plan is connected with other strategies and action plans and therefore forms part of an integrated approach to organisational development

System Enablers workforce and organisational development:

- Established OD and workforce strategy group that is representative of STP partners to provide a developed work programme that focuses on culture, capability and capacity
- Adopting the values and behaviours agreed by the system and developing our senior leaders to model and cascade these
- Investing in skills and leadership to support people to work in new ways
- Agree a model for distributed leadership which supports people to lead the 12 STP priorities across the system

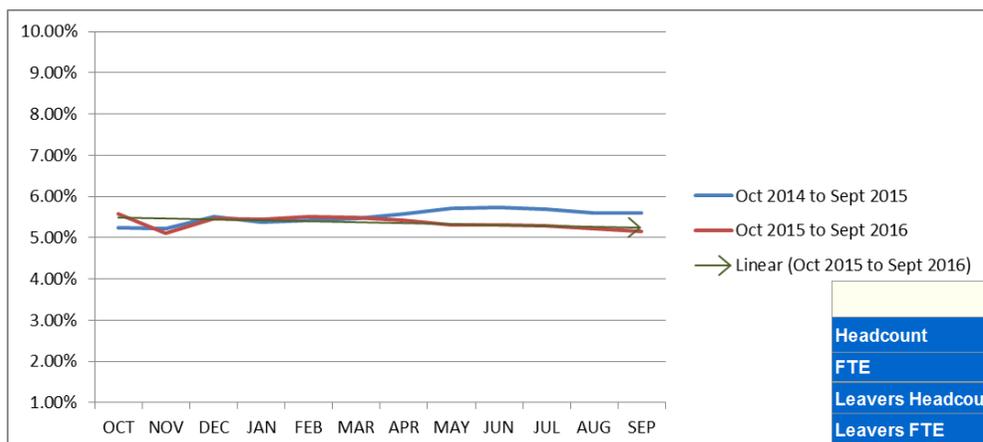
The Trust has stress tested its workforce plans with its Workforce Information and Development team, clinical service leads and heads of profession. We have carried out an initial high level review using the Skills for Health Six Steps for Workforce Planning methodology, as well as reviewing plans against recruitment activity and known risks, which include the workforce implications of Brexit. We have also taken into account the impact of apprenticeships and, working with LEP partners at the Universities of Gloucestershire and Worcestershire, the development and implementation of new roles such as Nurse Associates, Student Practitioners and Physicians Associates.

We have taken a number of other actions to tackle our recruitment challenges. These include a collaborative approach to health and social care recruitment with countywide partner recruitment days, the implementation of Student Practitioners in Herefordshire, our plans for Apprenticeships and Associate roles. We are taking a fresh look at Recruitment Retention Premia for key staff groups in Q4 and are delivering our development plans for staff bank, agency provision and e-rostering. A Director of Special Projects is focussing exclusively on these latter projects. We have also recognised the emerging extra resource available from the development of our Experts By Experience volunteers and are increasingly utilising their knowledge, skills and experience to work alongside and supplement our staff in service provision and development.

However, we realise that going forwards there is more we need to do, particularly in terms of embedding the Skills for Health methodology. We are also proactively strengthening our approach to workforce demand and capacity modelling externally with STP partner organisations in Gloucestershire, Worcestershire and Herefordshire through the agreed STP work streams. Over the coming year we will be participating in the wider Health Education South West roll out of new workforce planning tools and methodologies such as WRaPT. Finally, there are additional opportunities for further developing our approach to stress testing to and enhancing our workforce planning through the planned roll out of Service Line Reporting / PLICS in 2017/18.

Staff Friends and Family Test (SFFT)

The Trust has continued to deliver the SFFT during 2015/16 and 2016/17. The Executive Committee review the responses after each quarters, agrees actions where necessary and feeds back to staff via a 'You Said, We Did' piece. Quarter 2 SFFT results in final Operational Plan.



**Sickness Absence Trend Graph
from October 2014 to September 2016 (above)**

The charts above illustrate the attention being placed upon workforce. Action plans have been put into place in all key areas where we wish to improve our performance (e.g. lowering staff sickness absence, increasing staff well-being, managing retention, improving learning and development).

To enable us to deliver our workforce Key Performance Indicators, we are undertaking a range of initiatives, examples of which are shown below:

- Continuing to make a detailed analysis of turnover by team, staff group and demographics to ensure that we fully understand the issues which will enable us to work productively with our managers to address areas that we are able to influence
- Adoption of WRaPT to enable workforce modelling using workforce and activity data
- Continuing to refine and review our workforce intelligence e.g. reasons for staff leaving the Trust so that we can take steps to improve retention
- Reviewing how we support staff on promotion within the organisation to ensure they are supported and developed effectively to take on their additional responsibilities and integrate effectively into their new teams e.g. providing a flexible programme of management and leadership development opportunities
- Building on work that has seen a reduction in lead in times for recruitment activities by continuing to refine our processes and take the opportunity to maximise the benefits of the use of technology to track and monitor each step of recruitment
- All existing part-time staff have been invited to join our Staff Bank, and all new part time starters will be given a Bank Workers agreement on an opt-out basis
- All third year student nurses on placement with the Trust are automatically offered an interview for substantive employment prior to completing their training
- All first year students on placement in Herefordshire with the Trust are offered a bursary paid monthly for undertaking a minimum number of shifts with the Trust, which provides them with enhanced experience of our services
- Improving e-learning content and reducing e-learning completion times to make more efficient use of staff time and increase patient contact time

Staff Movements between 01 November 2015 and 31 October 2016

All staff: permanent, fixed term, locum
(excludes staff bank, rotational medical staff)
Data source: ESR BI – extract dated 03 November 2016

	2015 / 11	2015 / 12	2016 / 01	2016 / 02	2016 / 03	2016 / 04	2016 / 05	2016 / 06	2016 / 07	2016 / 08	2016 / 09	2016 / 10
Headcount	1,500	1,496	1,489	1,493	1,480	1,478	1,486	1,486	1,494	1,507	1,522	1,541
FTE	1,319.53	1,316.19	1,309.01	1,310.80	1,297.41	1,295.50	1,301.79	1,302.44	1,311.16	1,324.74	1,339.57	1,358.45
Leavers Headcount	11	7	17	8	22	13	11	11	13	15	12	13
Leavers FTE	10.30	6.32	14.76	7.05	20.26	11.29	9.79	9.03	11.54	12.19	10.51	11.65
Starters Headcount	12	8	9	14	8	14	14	12	21	21	35	41
Starters FTE	11.40	7.75	8.20	12.97	7.20	12.45	12.70	10.47	19.50	18.80	32.41	37.04
Maternity	28	28	29	30	31	32	29	34	34	27	26	32
Turnover Rate (Headcount)	0.73%	0.47%	1.14%	0.54%	1.49%	0.88%	0.74%	0.74%	0.87%	1.00%	0.79%	0.84%
Turnover Rate (FTE)	0.78%	0.48%	1.13%	0.54%	1.56%	0.87%	0.75%	0.69%	0.88%	0.92%	0.78%	0.86%
Leavers (12m)	150	139	146	148	152	158	155	152	157	157	154	153
Turnover Rate (12m)	9.98%	9.25%	9.72%	9.86%	10.14%	10.56%	10.37%	10.17%	10.52%	10.52%	10.30%	10.22%
Leavers FTE (12m)	126.35	116.84	123.02	125.75	130.83	137.67	136.15	132.51	136.77	135.83	133.83	134.69
Turnover Rate FTE (12m)	9.60%	8.87%	9.34%	9.55%	9.95%	10.48%	10.38%	10.10%	10.43%	10.36%	10.19%	10.24%

Joint Workforce Strategy - Gloucestershire

As part of the Joint OD and Workforce Programme partners across the footprint are working to understand our current workforce, address key gaps and support the development of the workforce we need to deliver 7 day services and our new models of care. Our three priorities are:

Developing a sustainable primary care workforce		Developing a sustainable nursing workforce		Ensuring that our workforce has the skills to work effectively within new models of care and to work collaboratively to meet the 3 FYFV gaps	
1.	We are actively supporting the development of new roles to help us to bridge our workforce gaps	5.	We are committed to developing a joined up approach to maximise health and social care recruitment so that we can attract people to live and work within our diverse county		
2.	And to widen access to the healthcare professions	6.	We are working to understand opportunities for greater productivity and efficiency within our workforce by reducing agency spend and introducing supportive technology		
3.	We are pursuing innovative developments within the county and forging strong partnerships	7.	Our key challenge is to further develop our future workforce projections and to anticipate the roles and skill mix we need in the future and to support our financial gap		
4.	These include proposals to develop a University Technical College, a new nurse training school in the county and working with our Local Economic Partnership to develop a collective approach with local schools and colleges	8.	We are working closely with the new care models programme and the pilots within our STP to understand how we need to adapt our current projections to meet these need		

Workforce Delivery Plan can be seen in Appendix Workforce A

	2017	2021
• Develop a joined up approach to support our health and social care recruitment in the county	✓	✓
• Refine and develop our workforce projections for 2020	✓	✓
• Increase the number of apprenticeships across the STP	✓	✓
• Support the development of 200 nurse associates across the STP	✓	✓
• Support staff with CPD masterclasses that support our STP goals	✓	✓
• Introduce a University Technical College in Gloucestershire		✓
• Introduce a new nurse training school that can support up to 400 places for registered nurses per annum		✓
• Train 2,000 staff in health coaching, supportive technology and healthy lifestyle		✓
• Deliver the 7 day working standard		✓

Initiative achieved and planned 2016/17 to 2018/19 include:	2016/17 Goals	2017/18 Refresh	2018/19 Refresh
• Succeeding in condensing training, so we could 'give back' days to our in-patient staff resulting in more patient contact time	✓	✓	✓
• We worked with managers and Staff Side representatives to streamline management of sickness absence, and management of staff on probationary periods (six months for staff new to the Trust)	✓	✓	✓

• Introduced 'values based recruitment' and developed 'value based appraisal questions'	✓	✓	✓
• Implemented the requirements of our Health and Well-Being Strategy	✓	✓	✓
• Reviewed our action plan for implementing the Workforce Race Equality Standard in the NHS contract	✓	✓	✓
• Continued to promote initiatives to improve the physical and mental health and well-being of our staff	✓	✓	✓
• Implementation of Organisational Development Strategy	✓	✓	✓
• Completion of our pilot targeted at improving our monitoring of and compliance rates for appraisal and for statutory and mandatory training	✓	✓	✓
• Introduced our new training system 'Learn ² gether'	✓	✓	✓
• We plan to introduce an appraisal compliance module on Learn ² gether in Q1 2017/18	✓	✓	✓
• We plan to go live with E-rostering in Q1 2017/18		✓	✓
• We have developed a staff handbook	✓	✓	✓
• Developed a Nurse Associate role with University of Gloucestershire and Herefordshire and Worcestershire	✓	✓	✓
• Took part in 'Time to change'	✓	✓	✓

Workforce transformation, we continue to:	2016/17 Goals	2017/18 Refresh	2018/19 Refresh
• Develop our Senior Leadership Forum and the capabilities of our senior leaders	✓	✓	✓
• Enhance the engagement of our Leadership Forum in our operational work and strategic direction of travel internally, and externally within our STP areas	✓	✓	✓
• Develop different ways for learning that enable staff to better meet the needs of our service users	✓	✓	✓
• Develop new roles for students and offering sponsorship whilst they complete their training	✓	✓	✓
• Develop new types of teams to ensure fluctuations in service demand are managed and reduce the use of temporary staffing	✓	✓	✓
• Roll out 'Improving Care through Technology' to enhance service delivery	✓	✓	✓
• Embed talent management and succession planning	✓	✓	✓
• Across our STP areas, support our volunteers and carers, offering training which enhances their ability to care	✓	✓	✓
• Run a comprehensive programme of focus groups to ensure all staff are engaged with, informed about and can influence our strategic direction of travel	✓	✓	✓

Temporary Staffing Demand Project

The Recruitment Tracker is now on-line and visible. The work to decrease recruitment lead-in times is showing success

Action Plan

- Significant work is needed to address the aim of "Ensuring there is a balance between the use of agency, bank and temporary staff in the delivery of services". However this is now being monitored and managed through the Temporary Staffing Project and therefore subject to a range of mechanisms and separate actions to achieve this
- The impact of 'Improving Care Through Technology' has yet to be quantified although much preparatory work has been completed
- For Year Two, the action plan requires up dating to reflect the impact of work already underway as part of the Sustainability and Transformation Plans in Gloucestershire, and Herefordshire & Worcestershire

Collective Leadership Development Programme in Gloucestershire and Herefordshire

This programme is aimed at all operational managers working at Band 7. The programme has been designed to:

- Provide a common framework for operational management across the Trust
- Enable managers to refresh their understanding of collective, values-based leadership
- Encourage identification of organisational challenges and potential solutions
- Provide a forum in which managers can share experiences of management practice and development
- Generate ideas for effectively using information and monitoring performance

Learn²gether



Learn²gether is the new software that now holds all statutory and mandatory training data. It is also the new platform for some key e-learning which has recently been rewritten and refined to better meet Trust needs. It provides real-time training compliance data for managers and staff. The system generates reminder emails to staff and managers in advance of expiry of training. Staff can also book directly onto courses via the system.

Informal champions have been identified and trained to support their teams, and manager training continues across Herefordshire and Gloucestershire.

Learn²gether can capture appraisal compliance, supervision and revalidation however the priority has to be to ensure the statutory and mandatory training data is up to date, training profiles are accurate and managers and staff have confidence in the training data.

Health and Wellbeing Strategy

With the introduction of health and wellbeing CQUINs in both Gloucestershire and Herefordshire in 2016/17, there will be a focus on this in the coming months. Specific actions are being developed and there is national guidance to support the process of agreeing actions and reporting to Commissioners. Whilst these actions will need to be captured through a separate action plan which will be monitored by Commissioners, it will sit with and alongside the existing Health and Wellbeing action plan and will inform the content for 2017/18.



Annual Staff Attitude Survey

The 2016 Staff Survey was sent to all staff. The Executive Committee reviews the responses from the quarterly Staff Friends and Family Test, agrees actions where necessary and feeds back to staff via a 'You Said, We Did' piece. Some of the Staff Survey actions also address comments from staff as provided via the Staff Friends and Family Test. There is also a review of staff feedback from 'Speak in Confidence' and actions are agreed to address common themes from these three staff feedback mechanisms



4. Financial Planning

Five Year Forward View for Mental Health

- The NHS will be incentivised to improve the health and wellbeing of its workforce through a CQUIN, or alternative incentive payment, under the NHS Standard Contract, *by 2017*
- Local funding for CYP mental health, Eating Disorders, specialist perinatal mental health, expansion of psychological therapies, crisis & acute care, early intervention in psychosis (EIP), physical health interventions, and secure care pathway
- STP allocation for mental health liaison

Financial Forecasts and Modelling

The Trust is currently in a stable financial position, and expects to deliver its financial plan for 2016/17 achieves its control total of a surplus of £654k. Following receipt of the national planning guidance the Trust has been updating its financial plans for the next five years and confirms that it will be able to deliver its revenue Control Totals of surpluses of £883k in both 2017/18 and 2018/19 (as per NHSI letter of 15 November). We are predicting achieving a segment of 2 or better against the new Single Oversight Framework (1 being best segment).

In preparing our plan for the next years 2017/18 and 2018/19, we have considered our likely income and expenditure streams, how these may be affected by the current national assumptions around funding for the NHS and as a consequence, the level of savings that will be required to meet our financial targets. We have also considered investment needs in both revenue and capital terms, and for the latter, how this will be financed, for example retained surpluses, disposal of assets.

As a result our priorities within our financial planning include:

- Aligning our finances with STP priorities
- Aligning our budgets with our strategic objectives
- Planned investments in quality and safety
- Planned investments in productivity to achieve sustainability of services
- A revised strategy of delivering a mix of 'hubs' and virtual hubs

The Trust has assumed that its contracts with its main commissioners will be uplifted in line with the 2 year plan. As part of its planning the Trust has built into its plans the level of general STF funding for 2017/18 and 2018/19 of £642k, and does also expect to bid for funds from the specific element of the STF (although no funds are built in at this stage).

The above will:

- Deliver our Control totals
- Maintain a SOF segment of 2 or better
- Address quality and safety investment needs
- Deliver our cost improvement programme for 2017/18 and 2018/19 of £2,568k and £2,140k respectively
- Maximise our CQUIN (Commissioning for Quality and Innovation) income through the delivery of key quality indicators

The key risk to delivery of the plan remains the ability to deliver the recurring efficiency savings target. It is increasingly difficult to identify savings that do not have an impact on the quality of services.

High level financial risk evaluation

	Impact
Cost pressures greater than expected	Medium
Non achievement of 1.9% growth funding	Medium

	Impact
Transformation is not delivered at expected pace	Medium
Loss of up to 0.5% CQUIN funding	Medium

Income

We have block contracts (with shadow activity monitoring) with our two largest commissioners, but are moving to specific contract arrangements as indicated in the section on Activity. Our contract with Gloucestershire CCG is worth circa £78m, and with Herefordshire CCG is circa £19m. These two contracts equate to circa 90% of our income. The Trust expects these two commissioners to continue to commission similar levels of services during 2017/19, but anticipates that there may be pressure to take on increased risk around the delivery of STF and QIPP targets.

Discussion with Herefordshire CCG recently moved to consider taking on

CQUIN

It is anticipated that the package of CQUIN targets across all of our contracts will again be challenging to achieve. They are stretch targets to improve quality and as Commissioners get more experienced and the financial climate gets tighter, it is expected that significant effort will be required to meet these targets and secure this income stream. The total value of the CQUINs is expected to be over £2.2m.

For 2017/18 CQUIN remains at 2.5% of income, but is sub divided as follows:

- 1.5% for national schemes
- 0.5% provided full engagement with STP

additional elements of their mental health portfolio (e.g. Out of County), which would be expected to increase income by circa £11.5m and for which a gain-share arrangement will exist. At this point this income is not built into any of the financial figures, as it will be an in year variation in 2017/18.

The Trust has agreed its two year contract for 2017/19 with Gloucestershire CCG in the amount of £74.067m plus Perinatal at £0.595m, plus GCC funding for 2017/18 and £73.921m plus Perinatal at £0.595m, plus GCC funding for 2018/19. In addition, the Trust has also agreed a two year contract with Herefordshire CCG in the amount of £19.097m for 2017/18 and £19.628m for 2018/19.

Expenditure

We set expenditure budgets for 2016/17 following a rigorous review of all aspects of our business. Efficiencies were sought across all areas of our operations as part of our budget setting process and we will ensure they are agreed and understood at an operational level. This process will continue for the period 2017/19.

The key assumptions underpinning our financial plan for 2017/19 are:

Net Tariff Inflator	0.1%	Incremental Drift	0.5%
Pay Award	1%	Non Pay uplift	0%
		Revenue impact of capital schemes	Covered

- 0.5% as a risk reserve. The guidance indicates that the Trust will receive this element of CQUIN provided that it delivers its 2016/17 Control Total, which we expect to do. However there is also a view that this element could be used flexibly by commissioners across the STP where the STP Control Total, as a whole, is not met. Therefore this element is potentially at risk to ²gether and is shown in the risk evaluation above

Cost Pressures

The Trust has identified the following cost pressures within its forward financial planning:

- Apprenticeship Levy
- 0.5% New CQUIN guidance regarding risk reserve
- E-rostering
- Smoking Cessation
- Medical locums in hard to recruit specialties (such as CAMHS and LD)

Expenditure Assumptions

Pay Award	1%
Incremental Drift	0.5%
All Non-Pay (including utilities and drugs) as inflation very low	0%

Revenue impact of capital schemes covered

In our 2016/17 Operational Plan we signalled that we would invest up to £0.5m of our resources into seeking to work with partners in Herefordshire to improve service delivery in physical Community Health Services, with a view to ²gether moving to provide a seamless service across both physical and mental community healthcare needs. We have progressed this initiative, invested resources and worked closely with Wye Valley NHS Trust, Herefordshire CCG and Taurus, to the point where we had agreed a joint submission to the CCG which, if accepted, would have led to ²gether managing physical community health services from April 2017. However, and following the move of the Chair and Chief Executive of South Warwickshire Integrated Foundation Trust (SWIFT) to also be Chair and Chief Executive of Wye Valley NHS Trust, this position has changed as SWIFT wishes to replicate their Warwickshire model in Herefordshire and believe that this solution is more likely to address the underlying service issues in Herefordshire. We will continue to work closely with all of our partners in Herefordshire and continue to fully engage with the Herefordshire and Worcestershire STP, but this outcome means that ²gether will not be investing any further financial resource into Herefordshire Community Services over the period of this Operational Plan.

Further, and to ensure that service users receive the best possible services in Herefordshire and that ²gether remains sustainable, we are carrying out a review during quarter four of 2016/17 to understand whether or not continuing to deliver specialist mental health services on a stand-alone basis in Herefordshire is viable in the short, medium and longer term. Once we have completed this review, we will discuss further with NHSI, Commissioners and partners in Herefordshire.

Efficiency Savings for 2017/18 and 2018/19

CIP Process

The Trust's CIP programme, which covers a five year rolling period, is supported by a Project Board and our PMO, and quality assured by the Medical Director and the Directors of Quality, Engagement and Integration, Finance and Service Delivery.

CIP savings have been in place in the Trust since 2011, and arise from several avenues including the budget-setting process, strategic planning, service planning, service reviews, benchmarking and contractual changes. Product Descriptions (PD) are raised for each savings work-stream outlining the purpose, objectives, benefits, and milestones of the saving, and are accompanied by a Quality Impact Assessment (QIA).

The Project Board uses the PDs and QIAs to challenge and support the delivery of the savings, and this is distilled into a 'tracker' which the Project Board uses to review progress through a RAG rating. This tracker is also an appendix to the finance report that goes to Trust Board every month (current tracker can be found at Appendix Finance A).

Savings arise from both efficiency and transformational changes, with an increasing emphasis on transformation as a longer-term solution to the continuing financial pressures within the NHS.

Maximising the use of technology is a key strand of transformational change and efficiency saving for the Trust through our project of Improving Care through Technology:

- This programme involves the introduction of mobile working, digital transcription and speech recognition, alternatives to traditional consultation through appointments for virtual interactions, social media to support service users and carers and a cultural change work stream to support the changes to traditional working practices needed to realise the benefits technology offers

These projects started in 2014 and will begin to deliver savings in 2017-18. However, some estates savings through rationalisation have already been enabled to reflect changes to the way technology will be used.

Income generation is also considered, and the marketing of IAPT information and training service and self-help literature features, as does increased income from our Occupational Health Service

Additional productivity and efficiency savings are identified during budget-setting, but also throughout the year at, for example, managers' meetings, and the Leadership Forum. Examples of such work-streams for 2016/17 include reducing the Trust's business mileage, and in addition a number of potential saving streams are being considered e.g. mailing, printing and travel warrants.

CIP Savings 2017/19 – see Appendix Finance A

The saving requirement for 2017/18 is £2.568m (2.4% of income) and for 2018/19 is £2.140m (2.0% of income), and the Trust has 100% of savings scheme specific identified for both years.

Three of our schemes impact upon WTE levels, being our Digital Dictation and Transcription Scheme (which is expected to reduce admin staff by circa ten) and our Shift System Review Scheme which may reduce the number and length of handovers and thereby reduces nursing and HCA requirements and the Corporate Service Review Scheme which will reduce administration support levels.

**Lord Carter’s provider productivity work programme
The Efficiency Opportunity**

Workforce	Hospital Pharmacy and Medicines Optimisation	Estates Management	Procurement
-----------	--	--------------------	-------------

Workforce management good practices included in our 2016/17 planning objectives

- | | |
|--|---|
| <ul style="list-style-type: none"> • Regular review on appropriate headroom levels • Reviewing the incentives to ensure substantive staff work substantive shifts • Assisting workforce planning and rostering by promoting the use of e-Rostering systems and the adoption of best practice roster polices | <ul style="list-style-type: none"> • Improving guidance on appropriate staffing levels and skill mix for particular ward types in collaboration with RCN and NICE • Reviewing the demand and supply of additional nursing hours, particularly with respect to specialised care • Regular review of flexible working arrangements |
|--|---|

One of our three key strategic priorities is to ensure sustainable services and take a proactive approach to maximising the value for the taxpayer pound. Although at present Lord Carter has only reviewed acute trusts, we are working in a shared service arrangement with our local acute trust and looking to share some of the benefits.

We are aware that Lord Carter intends to move on to review community and mental health trusts and we await this work.

Workforce management good practice included in our 2017/18 and 2018/19 planning objectives

Agency and Procurement

The Trust is taking a number of actions to reduce its agency spend. These include:

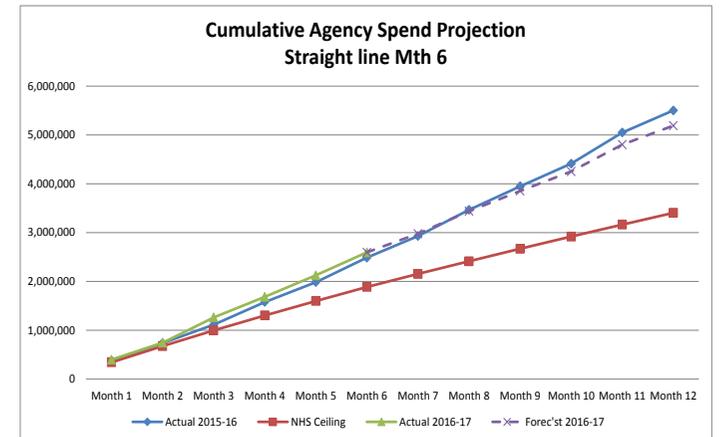
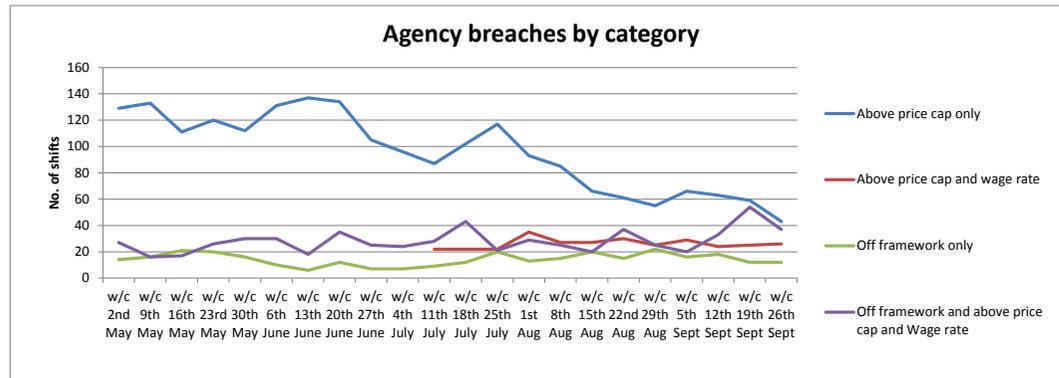
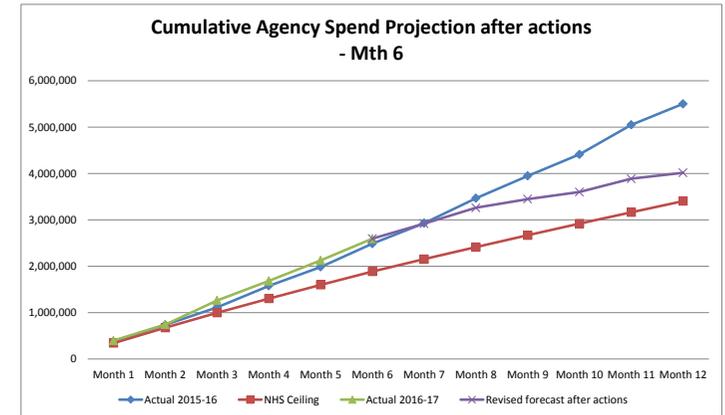
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| <ul style="list-style-type: none"> • the establishment of a staff bank office in Herefordshire and the recruitment of a Staffbank co-ordinator based in Herefordshire • The alignment of staff bank increments with substantive grade increment • A prominent campaign to increase the number of staff on the Trust Staff Bank and reduce the use of agency from June. This is aiming to increase the numbers of bank workers available and therefore reduce the need to rely on agency to cover gaps in rotas • A change to the line management arrangements of the staff bank office to bring it under the responsibility of the Director of OD • Attendance at National and Regional recruitment fairs to help fill vacancies • A review of all agency spend, outside of nursing, by individual post | <ul style="list-style-type: none"> • A review of the Trust’s recruitment processes was undertaken to speed up recruitment • The significant recent appointment of 19 newly qualified nurses and 9 PWP workers into inpatient and IAPT services respectively • Working with universities to offer new intake student nurses and AHPs the opportunity to work bank shifts and receive a fixed rate monthly payment with a contractual arrangement to work during their holiday periods • Escalation process to on call managers strengthened and distributed • Detailed agency and bank usage distributed to all ward managers on a weekly basis |
|---|---|

The Trust is also proceeding with the introduction of e-rostering system at a cost of £253k and is considering the re-introduction of weekly payroll for bank-only workers as an incentive to join Staff Bank and reduce agency need. The impact of these initiatives on the trajectory of the Trust’s agency spend can be seen in the graph below. It is projected that the initiatives taken to date will reduce the agency spend across the Trust down to a forecast of c. £4m for 2016/17.

The Trust has undertaken a detailed analysis of the reasons why nursing bank and agency shifts have been booked in order to find the best ways to control agency usage. This has helped target areas with particular issues over vacancies, sickness or low usage of bank staff. It has also highlighted that c.25% of nursing shifts are booked to cover clinical need requirements where the Trust has to increase its staffing levels above the establishment to meet the needs of the

service users. Most importantly the Trust anticipates that by the end of the financial year it will have reduced its agency expenditure down in line with the run rate needed to meet the Agency Control total, at around £285k per month.

Many of the initiatives outlined above to reduce our agency costs only came on line during the second half of 2016/17, but we have assessed the expected full year benefit from each one and it is this assessment that enables us to feel confident that for 2017/18 our agency spend will be reduced to a level that will enable us to not exceed our agency spend Control Total of £3.404m. We are also confident that this reduction in agency cost will not compromise safety, and our plans have been tested at our Governance Committee and during Board discussions. Indeed, if anything we would expect safety to be enhanced as a result of our plans due to greater continuity for our service users.



5 Year Plan CAPITAL PLAN 2016/17 to 2020/21						
	2016/17	2017/18	2018/19	2019/20	2020/21	Total
	£000s	£000s	£000s	£000s	£000s	£000s
1. IM&T Program	3,028	2,025	1,257	1,518	900	8,728
2. Major Capital Programs	6,960	4,570	3,434	1,500	1,850	18,314
3. Minor Capital Improvements	466	100	100	100	100	866
4. Fire Precaution Works	88	40	40	40	40	248
5. Health & Safety Works	70	70	70	70	70	350
6. Security Works	50	30	30	30	30	170
7. Patient Safety	157	200	200	200	200	957
8. Estates Infrastructure Works	373	248	350	250	250	1,471
Fixed Asset Disposal Cost	5	30	30	30	30	125
Unallocated	0	0	0	0	0	0
Expenditure Sub Total	11,197	7,313	5,511	3,738	3,470	31,229
Income Sub Total	-5,954	-4,222	-9,449	-5,741	-5,755	-29,285
NET Expenditure/(Income)	5,243	3,091	-3,938	-2,003	-2,285	1,944

Capital Planning

The Trust set out a clear vision within its Strategic Plan of how it planned to develop its estate and associated assets in order to deliver the Trust's strategic objectives. The Trust has made substantial investments in developing high quality accommodation. The capital programme for 2017/18 to 2020/21 reflects this ambition and continues to underpin the utilisation of technology to modernise services through the Trust's 'Improving Care through Technology' initiative. This will enable our clinical staff to provide continually improving, safe, quality services whilst improving their productivity and offering opportunities for future years' efficiency savings.

We have noted the recent publication of the document 'Capital regime, investment and property business case approval, guidance for NHS Trusts and Foundation Trusts', and can confirm that we are not in financial distress and that none of our current or planned capital schemes exceed £15m.

We have noted the recent publication of the document ‘Capital regime, investment and property business case.

The Trust aims to continue to utilise its strong cash position to invest in developing and enhancing its asset base for the benefit of service users and staff alike. All capital schemes are assessed across four criteria to ensure they demonstrate sound investment, and delivery of the Trust’s strategic aims. These criteria:

- a) Required to bring quality or safety up and sustained to at least an acceptable standard
- b) Contribute to the delivery of future revenue savings
- c) Contribute to the delivery of service transformation
- d) Replace end of life assets that are still required by the service

The Trust continues to evaluate all schemes to ensure they offer value for money and in light of the considerable pressures on wider NHS Capital funding the Trust is only undertaking what it has identified as essential schemes necessary to deliver the Trust’s objectives.

Identified hub for services within Gloucester City, which has been recently purchased – Pullman Place



Year	16/17	17/18	18/19	19/20	20/21
	£000's	£000's	£000's	£000's	£000's
Opening Cash Position	20,617	15,000	11,516	15,181	16,314
Depreciation	2,754	3,016	3,386	3,840	4,297
Operating surplus	3,424	3,680	4,241	4,083	4,879
Capital spend	-11,197	-7,313	-5,551	-3,738	-3,470
Capital sales	1,500	0	4,820	425	0
Working Balances	764	-50	-84	-84	20
Capital element of finance lease	-42	-20	-20	-20	-20
Int received	50	50	50	50	50
PDC	-2,870	-2,847	-3,177	-3,423	-3,966
Closing Cash Position	15,000	11,516	15,181	16,314	18,104

Cash Planning

In order to ensure that 2gether always has sufficient cash to meet its liabilities as they fall due, a detailed cash review has recently been carried out. This confirms that 2gether has sufficient cash to do so between now and 2020/21 and is summarised in the table opposite

Financial Planning Assumptions

Efficiency Target	2%
Uplift for Inflation	2.1%
Demographic Funding	1.9%

Must ACHIEVE Control Total, revenue impact of capital scheme covered

	2017/18	2018/19
General Element – S&T Fund	£0.642m	£0.642m
Targeted Element – S&T Fund	tbc	tbc
Revenue Control Total (including general element of S&T Fund)	£0.883m surplus	£0.883m surplus
Agency Ceiling Total	£3.404m	£3.404m

Gloucestershire Finance and Efficiency Gap

Collective challenge for health and social care is estimated at circa **£306 million rising over five years**. The difference between £306m and £226m savings is GCC savings (shown in TABLE F). The system is working together to identify what is deliverable from within provider CIP and Commissioner led QIPP alongside the local authority review of savings. As a result of this analysis, some of the £306m gap will be closed by existing ongoing programs both within one organisation and some cross organisational QIPP schemes.

Gloucestershire STP Mitigations to close financial gap

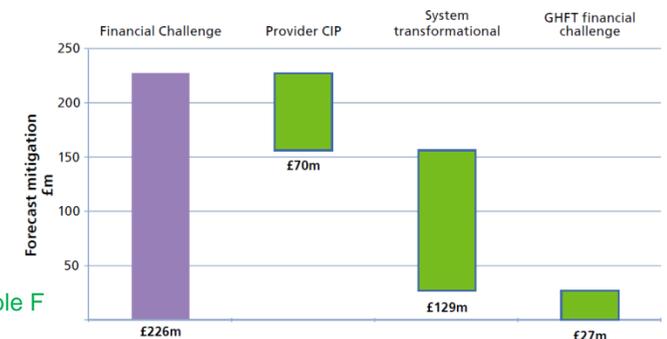


Table F

Gloucestershire Estates

The STP now provides the catalyst for taking this strategy forward to meet the following ambitions:

- Enhance the patients' experience
- Provide staff excellent facilities to work in
- Use the existing estate more effectively
- Reduce running and holding costs
- Reconfigure the estate to better meet commissioning needs
- Share property (particularly with social care and the wider public sector)
- Dispose of surplus estate to generate capital receipts for reinvestment
- Ensure effective future investment

By 2017:

- Optimum configuration of County wide estate
- New development with identified benefits and return on investment requirements

By 2021:

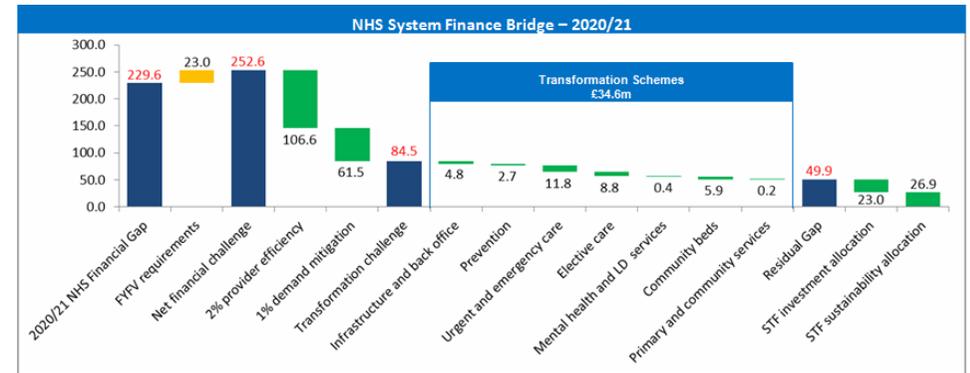
- Unrequired estates disposed
- Commitment to place based service delivery achieved

Herefordshire CCG financial planning assumptions:

- Prices updated for national/efficiency uplifts
- Contract plans reflect post-QIPP targets
- QIPP requirements and schemes in line with STP

STP Financial analysis

²gether has played a full role with STP to ensure that financial planning is fully aligned to STP delivery. It is cognisant of the challenges facing both Gloucestershire and Herefordshire/Worcestershire STP's. Herefordshire and Worcestershire STP has developed a financial model that sets out a 'do nothing' scenario for the health and care economy. The model has been calculated showing the impact of increases in demography, inflation and other factors. The model also includes those investments required to deliver the priority areas set out in the Five Year Forward View. The investment is delivering the programmes set out in the General Practice Forward View. The 'Do Nothing' base case for Herefordshire and Worcestershire:



5. Link to the Local Sustainability and Transformation Plan

STP alignment to our operational plan

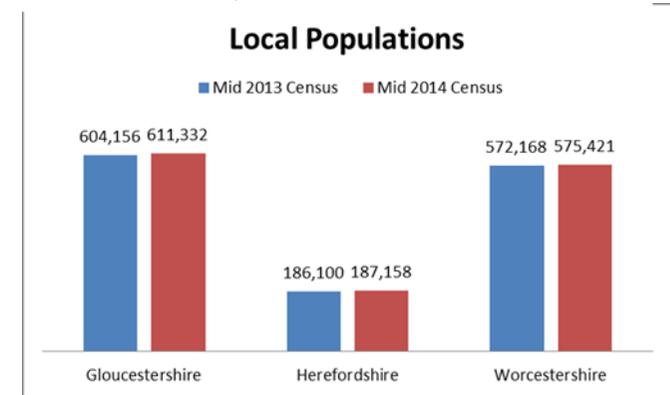
Both Herefordshire & Worcestershire and Gloucestershire STP's quantify the Triple Aims Challenge:

- Return the Health and Social Care system to financial balance across STP
- Support the local plans to address the sustainability and quality of general practice and the urgent care system
- Reduce waiting times for mental health services (specific to ²gether)
- Deliver the FYFV for Mental Health and improve the quality of mental health services and outcomes for the people covered by Gloucestershire STP footprint and Herefordshire/Worcestershire STP footprint (specific to ²gether)

Mind the Gap: Headlines for 2gether NHS Foundation Trust

Gloucestershire	Herefordshire and Worcestershire
Health and Wellbeing Gap	
<ul style="list-style-type: none"> Providing people with common mental illnesses with better support 	<ul style="list-style-type: none"> Children's health and wellbeing outcomes Mental health outcomes and links to reduced life expectancy Mental health wellbeing
Care and Quality Gap	
<ul style="list-style-type: none"> Parity of Esteem Patient Safety Winterbourne View Francis Report Sign Up to Safety 	<ul style="list-style-type: none"> Frailty and Dementia Workforce – retention, recruitment and capacity Overarching messages around CQC Inspection
Finance and Efficiency Gap	
<ul style="list-style-type: none"> Modelled on expenditure requirements of STP partner organisations and values set out in national planning assumptions 	<ul style="list-style-type: none"> Addressing financial gap in tandem with overall operational demands across STP footprint
Highest area of risk areas – NHS Constitutional Standards: Mental Health <i>Dementia diagnosis IAPT Access IAPT Recovery</i>	

Increasing population in Gloucestershire, Herefordshire and Worcestershire



2gether is a fully committed partner in both STP's within which it operates and seeks to ensure that it is able to fully influence and participate in all areas – such as CEO leads on workforce and OD across the STP, Director of Service Delivery on mental health and Director of Finance & Commerce as part of Workstreams.

Herefordshire and Worcestershire STP



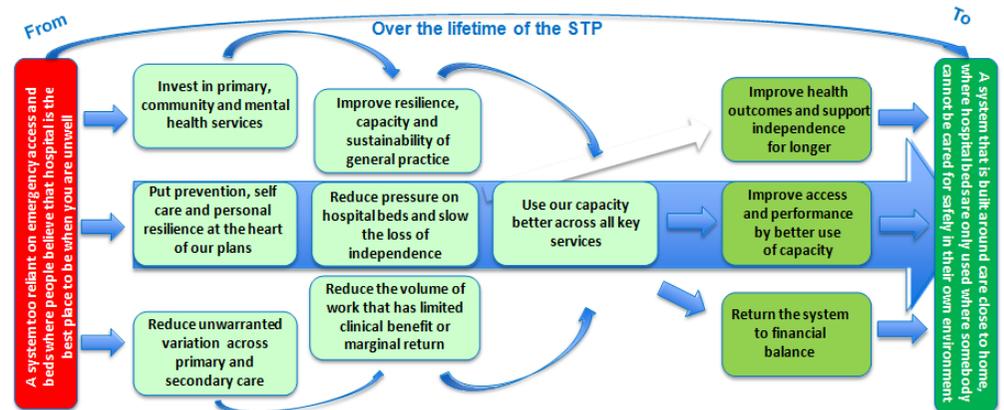
The vision for 2020/21 across the STP footprint of Herefordshire and Worcestershire is that *“Local people will live well in a supportive community with joined up care underpinned by specialist expertise and delivered in the best place by the most appropriate people”*. That means there is a collective agreement across our local public and voluntary/community sector that we need to:

- All do more to support healthy living of ourselves and others, or to self-care and take more responsibility to manage aspects of our conditions ourselves
- Draw on the support available from local communities and voluntary groups and build strong resilient communities, through wider work around employment, housing and education
- Have organisations working better in partnership to make services easier to navigate and access, with local integrated delivery teams that recognise the central role of the GP and reflect a broad range of skills and expertise of staff across organisations
- Improve parity of esteem between mental and physical health, so both types of conditions are viewed equally
- Provide more care in the place where you live or closer to home to reduce avoidable hospital admissions, embracing the principle of “home first”

- Make our current out-of-hospital system more efficient and effective
- Improve access to urgent care
- Ensure our specialist services are safe and sustainable, utilising digital solutions and with much less reliance on agency employment

Whilst we are fully engaged on an STP-wide basis our more specific involvement is in Herefordshire, where we provide services and are core members of One Herefordshire, a public sector alliance established to create arrangements and structures for a financially stable and high quality provision of a new model of health and social care for Herefordshire.

Common Objective: Collaboration and joint working on a scale not achieved before to deliver transformational change that closes the triple aim gap and supports a financially sustainable health and social care economy.



In delivering the Mental Health 5 YFV, we will be exploring the new model of care proposed for Herefordshire to deliver community-based services on a population basis, alongside physical health care and primary care services, such that they deliver integrated physical and mental health services, which are better aligned to meeting the needs of people with comorbidity and long-term conditions. This development of services will fully align with the STP's initiative within Herefordshire to develop "Primary Care at Scale". We are already significantly advanced in determining what the framework of management and governance arrangements that needs to be put in place between providers to make delivery on a place-based basis.

Our STP contains four transformational programmes, underpinned by change enablers, which build on the One Herefordshire transformation plan and the Worcestershire wide transformation work already in progress through Well Connected, the Future of Acute Hospital Services and Alliance Board development. The Trust is involved in all of the STP transformational programmes and is critical to the successful delivery in a number of areas.

Priorities for transformation

1. Maximise **efficiency & effectiveness** across clinical, service and support functions to improve outcomes experience and reduce cost
2. Reshape our approach to **prevention** to create an environment where people stay healthy and supports communities, where **self-care** is the norm
3. Develop an improved **out of hospital care** model, by investing in sustainable primary care and integrates with community based physical and mental health teams. Working alongside social care to shift to an "own bed is best" model of care, redesigning community based physical and mental health services to support care closer to home
4. Establish **sustainable services** by developing networks and collaborations across and beyond the STP

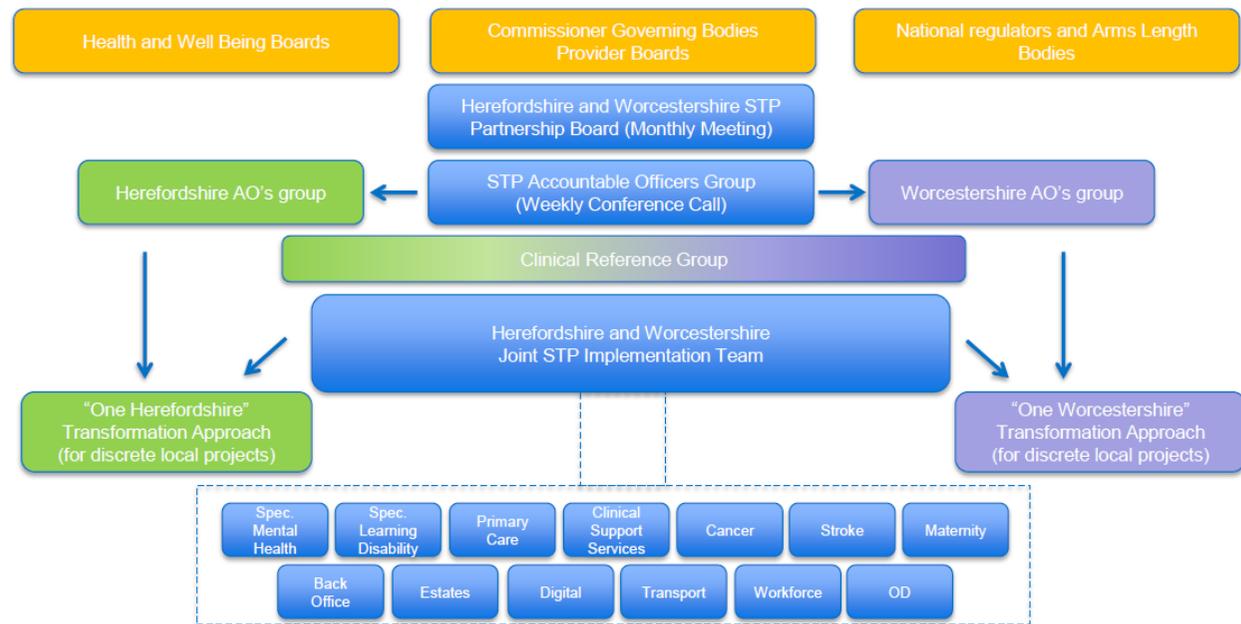
Mental health and learning Disabilities:

- Work with NHS specialised services to increase local child mental health services to reduce demand for complex out of county services and enable repatriation of complex cases back to the local footprint
- Working with local authorities to develop joint outcomes and shared care for people with learning disabilities
- Deliver the requirements of the national taskforce

In addition to the above, the Trust has a leadership role with partners around the enablers for change including:

- Developing the right workforce and organisational development within a sustainable service model
- Enhancing the role of digital and new technologies to support self-care and independence and to enable our workforce to provide, and patients to access, care in the most efficient and effective way
- Wider engagement with the voluntary and community sector to build vibrant and sustainable partnerships that harness innovation, further strengthen community resilience and place based solutions
- Ensuring the system has a clear communications and engagement approach that sets out our strong commitment to involving key stakeholders in STP development and onward implementation

STP wide governance



Board priorities: 1. Maximise efficiency & effectiveness. 2. Approach to prevention & self-care. 3. Developing out of hospital care. 4. Establish clinical & financially sustainable services. Programme 4b Improving mental health & Learning Disabilities is led by CEO 2G
Aims to: Integrating community & primary care “2G lead and have work stream leads in the operating model, Contractual arrangements, governance arrangements, enablement and due diligence

What will be different between now and 2020/21

The requirements of the National Mental Health Policy “No Health Without Mental Health” and the requirements of the National Mental Health Five Year Forward Vision will be embedded across our footprint through;

- A specific focus on Perinatal care as it delivers immediate benefits and evidence-based Mental Health prevention

- We will conduct coordinated work on reducing stigma through campaigns and communications

Access to mental health and learning disability services will be clear and timely at a practice, cluster, county, STP and cross STP level, ensuring the delivery of evidence based, sustainable and regulatory compliant provision.

- Strengthening the management of people with dementia in acute urgent care systems and primary care at scale
- Increasing visibility, awareness and acceptability of mental health through a high profile Mental Health Cabinet focused on delivering integration rather than isolation
- Collaboration to deliver a range of care more locally at an STP/STP Plus level i.e. Improved access to reduce demand for Tier 4
- CAMHS, Locked Rehabilitation, Complex Dementia services
- Moving mental health care from Good to Outstanding with immediate priorities for delivery focused on talking therapies (IAPT) and Early Intervention Services (EIS)

The services in place will be responding to the health and wellbeing gaps and health inequalities identified within the Herefordshire and Worcestershire JSNA's and resultant Health and Wellbeing Strategies.

People who require more tertiary care/specialist support will have their care planned for and provided across the STP and in partnership with neighbouring STPs via managed clinical networks.

There is reduced expenditure in other programme areas, such as urgent care and complex care (i.e. CHC and social care packages) from the increased investment in mental health and learning disability services.

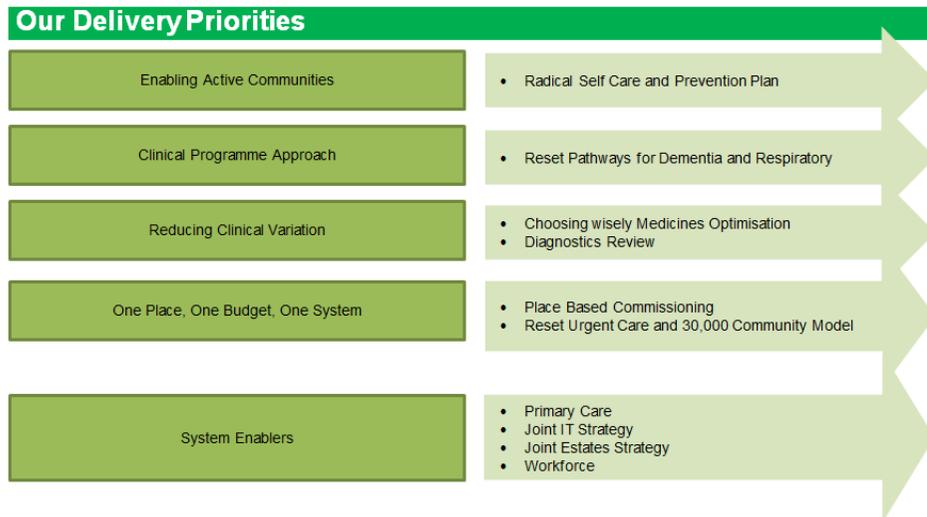
Gloucestershire STP – One Gloucestershire Challenge

In delivering the mental health 5YFV, we will be exploring the new model of care proposed for Gloucestershire to deliver community-based services on a population/place based basis, alongside physical health care and primary care services, such that they deliver integrated physical and mental health services, which are better aligned to meeting the needs of people with comorbidity and long-term conditions. This development of services fully aligns with the STP's initiative to move to place based delivery and the development of "Primary Care at Scale". We are already significantly advanced in considering what the framework of management and governance arrangements that needs to be put in place between providers to make delivery on a place-based basis successful looks like. A two phased communications and engagement plan has been developed to support the STP development and implementation process and to achieve comprehensive engagement, co-production, consultation and communication with local people across the STP.



- *Place greater emphasis on prevention of illness and self-care with investment to support it*
- *Provide more joined up care and support in people's homes and in the community*
- *Explore options to bring together some hospital services into 'centres of excellence' to ensure safety and quality*
- Develop a 'best use of medicines' programme and priority fund the drugs and treatments that have the greatest health benefit for the population
- Develop a sustainable workforce
- Make the most of new technologies

Priorities for transformation

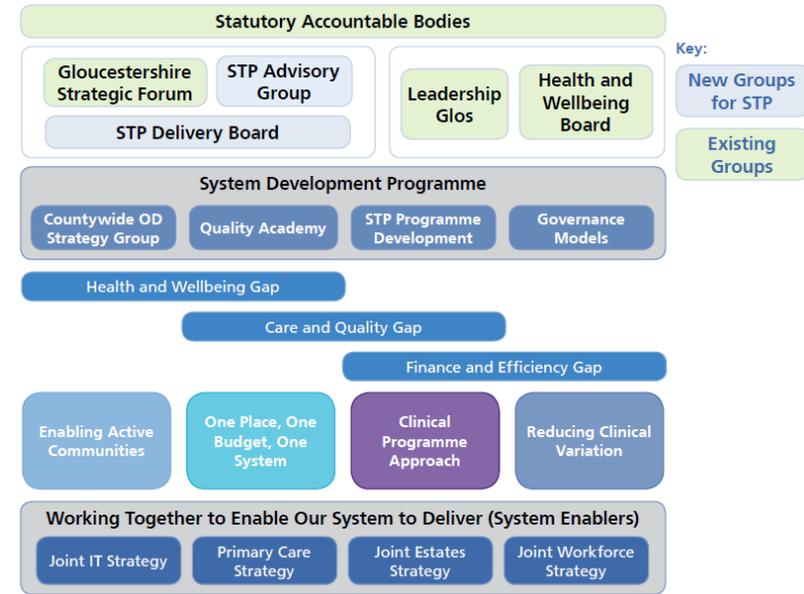


System development Programme lead – CEO ²G OD and Quality Academy
 Quality Academy joint Programme Lead CEO ²G
 System enablers – Joint IT strategy Lead CEO ²G
 Joint Workforce strategy – CEO ²G

We will work together to deliver system level change:

- Building a sense of personal responsibility and independence for health. Supporting communities to make it easier for agencies to work in partnership through a **Self-Care and Prevention Plan** to close the Health and Wellbeing gap
- Taking a place based approach to commissioning and ensure best value for every Gloucestershire pound. The STP is prioritising a new Urgent Care provision and a 30,000 place based care model. This is planned to deliver a new care model for Gloucestershire and close the finance and efficiency gap
- A systematic redesign of pathways of care, with an initial focus on respiratory disorders and dementia progressing the Mental Health Task Force recommendations moving to close the Care and Quality gap
- Engaging with the public over key issues to reduce clinical variations across Gloucestershire – initially to deliver medicines optimisation and a diagnostics services review to address the Care and Quality gap
- STP Gloucestershire Joining Up Your Care is also committed to:
 - A sustainable future for primary care
 - One Gloucestershire workforce, OD programme and shared Quality Academy
 - One Gloucestershire estates strategy with partners across the public sector estate
 - Gloucestershire Local Digital Roadmap (LDR) a joint IT footprint with a shared implementation plan JUYI. This will support the introduction of a directory of services by 2017 and move to a paper free delivery by 2021

STP wide governance



Staying Well

Remaining at Home

Using Community Resources more Effectively

Ensuring Whole Life Planning

In order to deliver the innovation set out in the Gloucestershire STP Plan the pace of change will need to be accelerated with a greater emphasis on:

- Increased focus on personal responsibility, prevention and self-care with additional investment
- Focused joined up community based care and support
- Continuing to bring together specialist services and resources
- Reducing reliance on inpatient care by redesigning our models of care, delivered through One Place, One Budget, One System approach
- Offering greater potential to support people locally, by creating 16 health and social care communities
- Developing new ways of working and new roles across our STP to make best use of our workforce with joint strategies for workforce and IT across out STP

Please see STP Appendix A Critical Milestones

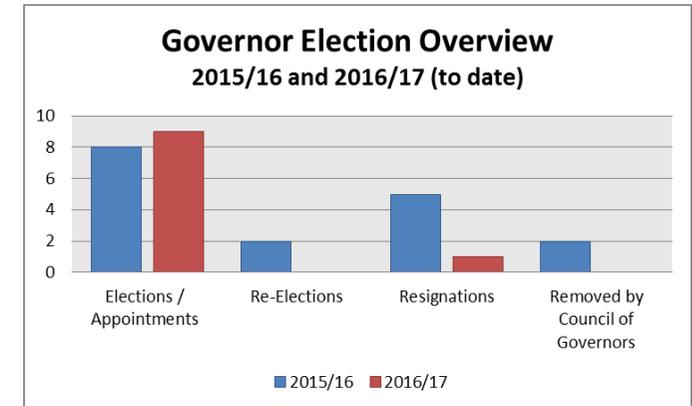
6. Membership and Elections

Governors and Elections

Governors are appointed for a three-year initial term, and elections are held for public and staff Governors as vacancies arise. At present the Trust has vacancies for three elected Governor posts (one staff and two public). Plans are in place for elections to these vacant positions in the New Year. Elections are managed on the Trust's behalf by Electoral reform Services, who act as the Trust's Returning Officer.

Incoming Governors benefit from a variety of training and development opportunities:

- All new Governors attend a formal induction soon after taking up the position. This half day session provides new Governors with an insight into the Trust's services, its governance processes and procedures, and key personnel
- The induction session is repeated after six months or so to enable Governors to check their understanding, and to identify any gaps in the original induction session, an arrangement introduced in 2016 as a result of recommendations from a joint Board/Governor working group set up to look at how best to support new Governors
- Governors are also invited to take part in accompanied visits to Trust sites to familiarise themselves with those sites and the services they deliver
- Governors have access to, and take advantage of, a number of external development opportunities such as those provided under NHS Providers' Govern Well programme. The learning from these events is shared with other Governors through feedback at Council of Governor meetings
- Governors are invited to take part in events organised by the Trust (for example to mark Mental Health Day) in order to engage with their constituents and the wider public
- Governors themselves also organise engagement events in their own constituencies, supported by the Trust's communications team, in order to encourage a two way dialogue with members and the public
- In order to increase assurance, up to two Governors regularly attend Board sub-committee meetings in order to observe proceedings and observe how non-executives hold executives to account.



Membership

Our latest Membership Engagement Strategy was agreed at Council of Governors in September 2016. The aims and objectives contained within it were to:

- Promote and increase membership among groups who are currently under-represented
- Retain our current members
- Enhance membership engagement by building opportunities for members to communicate with their Governor and the Trust
- Encourage members to get involved in Governor elections
- Support the Trust's Social Inclusion strategy
- Raise public awareness of mental health issues

As a Public Benefit Corporation we have a duty to ensure that our membership is representative of our communities and that we engage with those communities to promote membership opportunities and benefits. We also have a duty to then continue to engage with our members and encourage them to take an active role and interest in Trust business. At the end of March 2016, we had 7,473 members – 5,155 public members and 2,318 staff members. We recruited 404 new members during 2015/16 – an average of 34 new members per month. The majority of Trust members were recruited through the Trust website, at engagement events and as a result of staff leaving the Trust and automatically transferring into the public membership category.

We had 1,385 members in our biggest constituency, Gloucester. The constituency with the lowest number of public members was Herefordshire, where we had 315 members. Our key target groups for increasing membership are currently men, people from minority ethnic backgrounds and young people (19 and under). We will be focussing on these three demographic groups in the coming years.

The actions presented here also seek to complement the Trust's Engagement and Communication Strategy 2016 -2020 which is structured to **influence** more **people in our community** to become **champions** of the services that we deliver **to make life better**.

Specific activities underway to increase membership includes recruitment of a membership volunteer, an increased target to recruit 40 new members per calendar month, the introduction of a new membership database and building links with community groups to assist recruitment in hard to reach groups.

Membership engagement events take place approximately three to four times a year. The events are generally held to coincide with national awareness days, such as Time to Talk Day and World Mental Health Day, when we can use the national campaigns to raise awareness of our own Trust and membership programme. We also ensure that other opportunities to highlight membership are taken as and when appropriate, for example through the local media, social media and at events attended by Trust colleagues, including recruitment fairs, partnership conferences and events.

In order to retain and actively engage our current members, we ensure a regular flow of information. This includes invitations to our membership events and occasional e-flyers or letters when we have significant news to share or announcements to make. Our main form of communication with members is our quarterly membership newsletter, which is called Up²Date. We invite and encourage feedback on the contents and members are welcome to submit their own articles and letters for publication.



Appendix Activity A

SNAPSHOT OF SERVICE DELIVERY DEMAND MANAGEMENT INDICATORS - HEREFORDSHIRE									
		2012/2013	% Change Prev. Year	2013/2014	% Change Prev. Year	2014/2015	% Change Prev. Year	2015/2016	% Change Prev. Year
REFERRALS ALL SERVICES									
ADULT CMHT	Total	1,040	n/a	928	(10.77%)	1,408	51.72%	1,625	15.41%
AOT	Total	38	n/a	30	(21.05%)	18	(40.00%)	23	27.78%
CAHT	Total	1,424	n/a	1,331	(6.53%)	994	(25.32%)	1,463	47.18%
EATING DISORDERS	Total	59	n/a	86	45.76%	64	(25.58%)	72	12.50%
CASELOAD ALL SERVICES									
IAPT		532	n/a	493	(7.33%)	745	51.12%	1092	46.58%
EI		87	n/a	79	(9.20%)	58	(26.58%)	69	18.97%
CAHT		37	n/a	48	29.73%	26	(45.83%)	36	38.46%
Eating disorders		25	n/a	31	24.00%	39	25.81%	49	25.64%
CDN ACI		47	n/a	119	153.19%	685	475.63%	972	41.90%
DISCHARGES ALL SERVICES									
AOT		60	n/a	31	(48.33%)	18	(41.94%)	25	38.89%
CAHT		1,651	n/a	1,321	(19.99%)	998	(24.45%)	1,482	48.50%
CDN ACI		14	n/a	31	121.43%	257	729.03%	332	29.18%
CONTACTS ALL SERVICES									
CAHT	Total	4,765	n/a	5,062	6.23%	4,731	(6.54%)	6,321	33.61%
CDN ACI	Total	23	n/a	42	82.61%	2,060	4,804.76%	3,086	49.81%
MAS	Total	0	n/a	0		1,285		3,215	150.19%

SNAPSHOT OF SERVICE DELIVERY DEMAND MANAGEMENT INDICATORS - GLOUCESTERSHIRE									
		2012/2013	% Change Prev. Year	2013/2014	% Change Prev. Year	2014/2015	% Change Prev. Year	2015/2016	% Change Prev. Year
REFERRALS ALL SERVICES									
IAPT	Total	9,555	n/a	8,404	(12.05%)	11,666	38.81%	18,703	60.32%
CASELOAD ALL SERVICES									
IAPT		2091	n/a	2488	18.99%	3511	41.12%	5720	62.92%
CDN ACI		1,763	n/a	2,267	28.59%	2,645	16.67%	3,004	13.57%
DISCHARGES ALL SERVICES									
IAPT		6,700	n/a	7,936	18.45%	10,762	35.61%	16,164	50.20%
Eating disorders		306	n/a	395	29.08%	332	(15.95%)	554	66.87%
CONTACTS ALL SERVICES									
IAPT	Total	42,509	n/a	37,063	(12.81%)	44,626	20.41%	61,319	37.41%
EATING DISORDERS	Total	4,879	n/a	6,089	24.80%	5,550	(8.85%)	6,299	13.50%

Appendix Activity C

Mental Health 5 Year Forward View – Traffic Light Assessment - Gloucestershire

Pathway	2015/16	2016/17	2017/18	2018/19	2019/20	Potential Resource Requirements £'k
Psychological therapy for common mental health disorders (IAPT)						
Current Traffic Light Status		Expected Traffic Light Status by implementation date				700
Early Intervention in Psychosis						
Current Traffic Light Status		Expected Traffic Light Status by implementation date				Agreed
CAMHS: Community Eating Disorder Services						
Current Traffic Light Status		Expected Traffic Light Status by implementation date				Complete
Perinatal Mental Health						
Current Traffic Light Status		Expected Traffic Light Status by implementation date				400
Crisis Care						
Current Traffic Light Status		Expected Traffic Light Status by implementation date				Agreed
Dementia						
Current Traffic Light Status		Expected Traffic Light Status by implementation date				TBA
CAMHS: Emergency, urgent, routine						
Current Traffic Light Status		Expected Traffic Light Status by implementation date				Agreed
Acute Mental Health Care						
Current Traffic Light Status		Expected Traffic Light Status by implementation date				Agreed
Integrated mental and physical health care pathways (IAPT/ liaison / other integrated models)						
Current Traffic Light Status		Expected Traffic Light Status by implementation date				2,000
Self-Harm						
Current Traffic Light Status		Expected Traffic Light Status by implementation date				Agreed
Personality Disorder						
Current Traffic Light Status		Expected Traffic Light Status by implementation date				Agreed
CAMHS: School refusal						
Current Traffic Light Status		Expected Traffic Light Status by implementation date				Initial pilot in place
Attention Deficit Hyperactivity Disorder						
Current Traffic Light Status		Expected Traffic Light Status by implementation date				90
Eating Disorders (adult mental health)						
Current Traffic Light Status		Expected Traffic Light Status by implementation date				Already Operational
Bipolar Affective Disorder						
Current Traffic Light Status		Expected Traffic Light Status by implementation date				TBA
Autistic Spectrum Disorder (jointly with learning disability)						
Current Traffic Light Status		Expected Traffic Light Status by implementation date				TBA

Key:

Services at Business as usual
Services Planning/Implementation Period

3,190

Mental Health 5 Year Forward View – Traffic Light Assessment Herefordshire

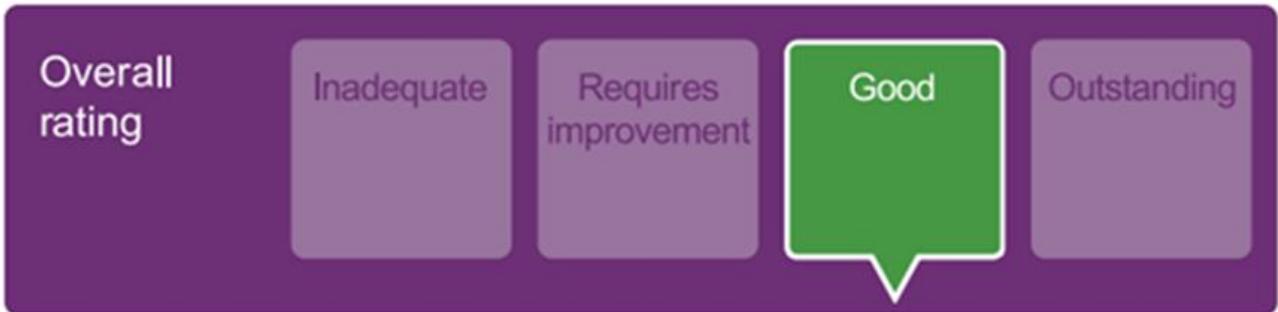
Pathway	2015/16	2016/17	2017/18	2018/19	2019/20	Potential Resource Requirements £'k
Psychological therapy for common mental health disorders (IAPT)						
Current Traffic Light Status		Expected Traffic Light Status by implementation date				130
Early Intervention in Psychosis						
Current Traffic Light Status		Expected Traffic Light Status by implementation date				80
CAMHS: Community Eating Disorder Services						
Current Traffic Light Status		Expected Traffic Light Status by implementation date				95
Perinatal Mental Health						
Current Traffic Light Status		Expected Traffic Light Status by implementation date				190
Crisis Care						
Current Traffic Light Status		Expected Traffic Light Status by implementation date				800
Dementia						
Current Traffic Light Status		Expected Traffic Light Status by implementation date				100
CAMHS: Emergency, urgent, routine						
Current Traffic Light Status		Expected Traffic Light Status by implementation date				350
Acute Mental Health Care						
Current Traffic Light Status		Expected Traffic Light Status by implementation date				200
Integrated mental and physical health care pathways (IAPT/ liaison / other integrated models)						
Current Traffic Light Status		Expected Traffic Light Status by implementation date				600
Self-Harm						
Current Traffic Light Status		Expected Traffic Light Status by implementation date				150
Personality Disorder						
Current Traffic Light Status		Expected Traffic Light Status by implementation date				Agreed
CAMHS: School refusal						
Current Traffic Light Status		Expected Traffic Light Status by implementation date				90
Attention Deficit Hyperactivity Disorder						
Current Traffic Light Status		Expected Traffic Light Status by implementation date				90
Eating Disorders (adult mental health)						
Current Traffic Light Status		Expected Traffic Light Status by implementation date				150
Bipolar Affective Disorder						
Current Traffic Light Status		Expected Traffic Light Status by implementation date				100
Autistic Spectrum Disorder (jointly with learning disability)						
Current Traffic Light Status		Expected Traffic Light Status by implementation date				TBA

Key:

Services at Business as usual
Services Planning/Implementation Period

3,275

Appendix Quality A



	Safe	Effective	Caring	Responsive	Well led	Overall
Community-based mental health services for older people	Good	Requires improvement	Good	Good	Requires improvement	Requires improvement
Long stay/rehabilitation mental health wards for working age adults	Requires improvement	Good	Good	Good	Good	Good
Wards for older people with mental health problems	Requires improvement	Good	Good	Good	Good	Good
Community-based mental health services for adults of working age	Requires improvement	Good	Good	Good	Good	Good
Specialist community mental health services for children and young people	Good	Good	Good	Good	Good	Good
Acute wards for adults of working age and psychiatric intensive care units	Outstanding ★	Good	Good	Good	Outstanding ★	Outstanding ★
Wards for people with learning disabilities or autism	Requires improvement	Requires improvement	Good	Requires improvement	Requires improvement	Requires improvement
Mental health crisis services and health-based places of safety	Good	Good	Outstanding ★	Outstanding ★	Good	Outstanding ★
Forensic inpatient/secure wards	Good	Good	Good	Good	Good	Good
Community mental health services for people with learning disabilities or autism	Good	Good	Good	Good	Requires improvement	Good

Appendix Quality B

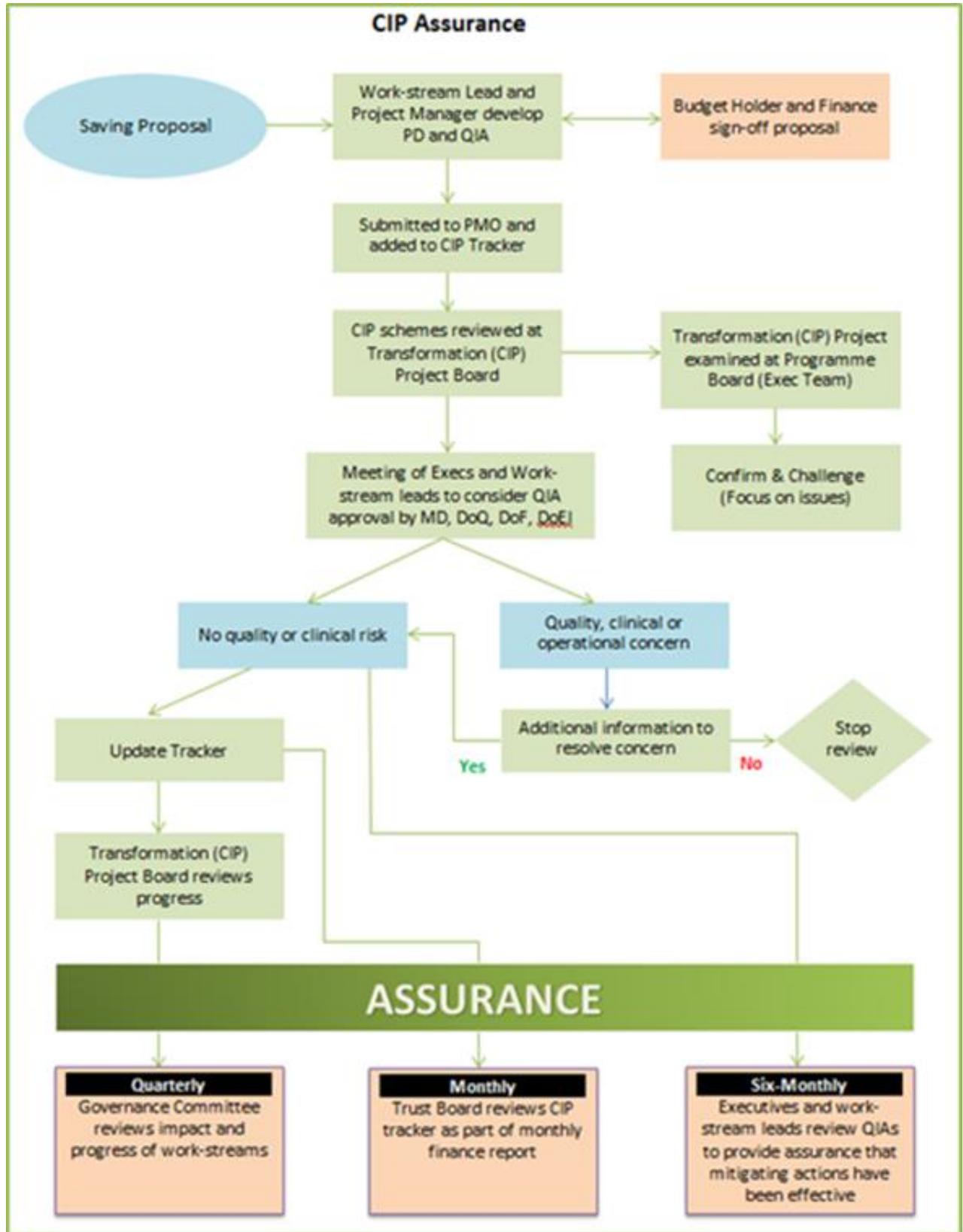
Key Quality Delivery Priorities

	Goal	Target	Drivers
Effectiveness	Improving the physical health care for people with serious mental illness.	To increase the number of service users (all inpatients and all Serious Mental Illness/Care Programme Approach service users in the community, inclusive of Early Intervention Service, Assertive Outreach and Recovery) with a LESTER tool intervention (a specialist cardio metabolic assessment tool) alongside increased access to physical health treatment.	To support NHS England's commitment to reduce the 15-20 year premature mortality in people with psychosis and improve their safety through improved assessment, treatment and communication between clinicians. We wish to continue to improve the physical health for those people in contact with our services. There is historical data available for year on year comparison.
	Ensure that people are discharged from hospital with personalised care plans.	To further improve personalised discharge care planning in adult and older peoples wards, including the provision of discharge information to primary care services within 24hrs of discharge.	This was CQUIN for our Herefordshire services in 2015/16, but equally applicable to Gloucestershire services. We wish to continue to support this as a key quality priority during 2016/17 to ensure effective discharge from our inpatient services. There is historical data available for year on year comparison.
	Improve transition processes for child and young people who move into adult mental health services.	To ensure that joint Care Programme Approach reviews occur for all service users who make the transition from children's to adult services.	We wish to build on previous years CQUINs to further improve our transition processes.
User Experience	Improving the experience of service user in key areas. This will be measure though defined survey questions for both people in the community and inpatients.	Were you involved as much as you wanted to be in agreeing what care you will receive? > 78% Target : To achieve a response 'Yes' for more than 78% of the people surveyed. 2015 Local survey score = 78%	Questions 2.2 – 2.4 from our Summary Report on Quality Measures diagram shown on page 14 are areas relating to patient experience where we wish to improve following the 2015 Care Quality Commission (CQC) national community mental health survey results.
		Were you involved as much as you wanted to be in decisions about which medicines to take? > 73% Target : To achieve a response 'Yes' for more than 73% of the people surveyed. 2015 Trust score = 73%	
		Do you know who to contact out of office hours if you have a crisis? >71% Target : To achieve a response of 'Yes' for more than 71% of the people surveyed. 2015 Trust score = 71%	
		Has someone given you advice about taking part in activities that are important to you? > 48% Target : To achieve a response of 'Yes' for more than 48% of the people surveyed. 2015 Trust score = 48%	

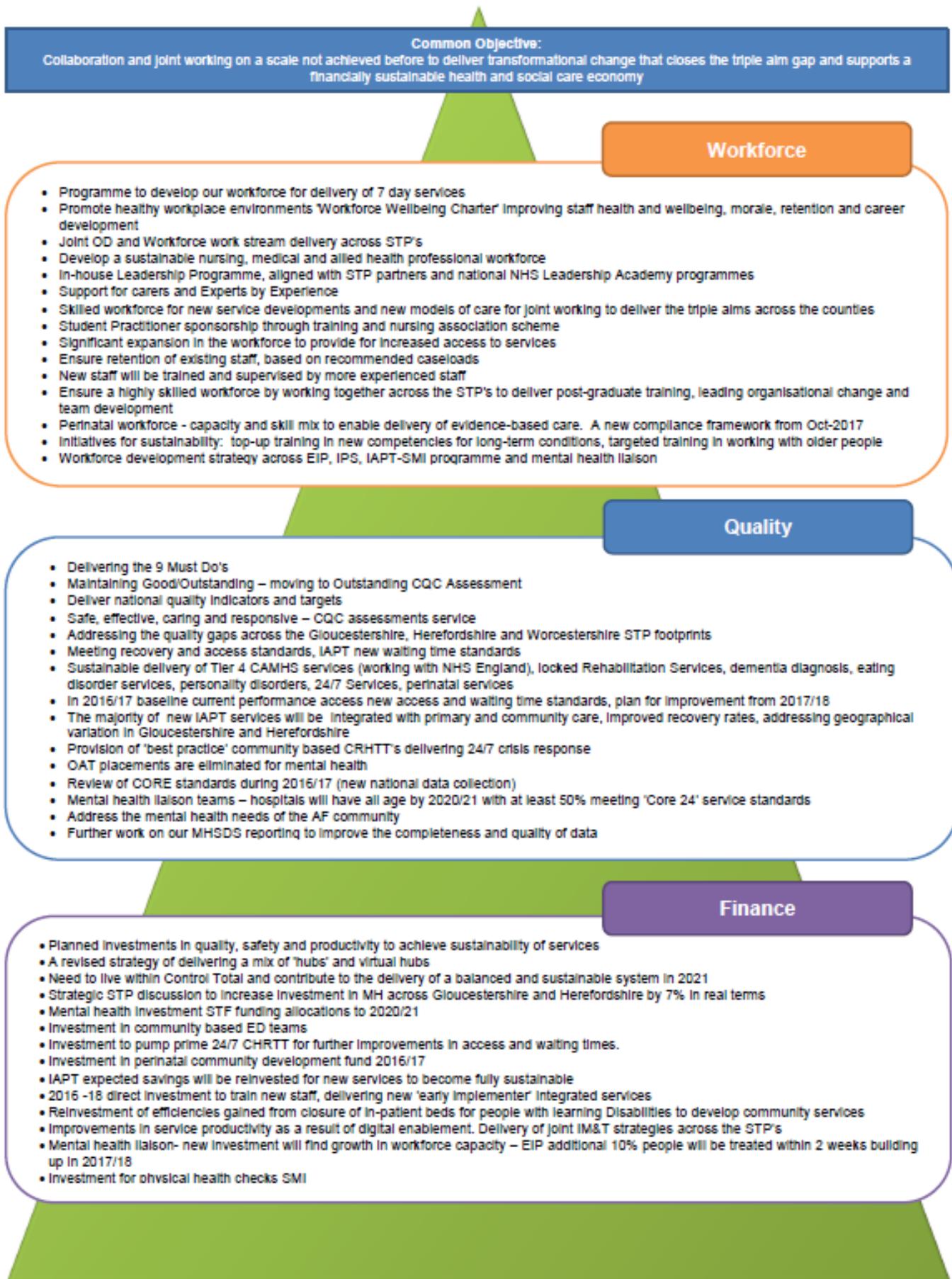
Appendix Quality B

Safety	Minimise the risk of suicide of people who use our services	<p>Reduce the numbers of deaths by suicide (pending inquest) of people in contact with services when comparing data from previous years.</p> <p>During 2015/16 reported 24 deaths from suspected suicide which is higher than the previous 2 years, therefore we aim to reduce the number of deaths from suicide in 2016/17.</p>	<p>Gloucestershire Suicide Prevention Strategy and Action Plan</p> <p>Preventing suicide in England: Two years on. First annual report on the cross-government outcomes strategy to save lives.</p> <p>It is a high risk area with historical data available for year on year comparison.</p>
	Ensure the safety of people detained under the Mental Health Act.	<p>Reduce the number of detained patients who are absent without leave (AWOL) when comparing data from previous years.</p> <p>We will report against 3 categories of AWOL as follows:</p> <ol style="list-style-type: none"> 1. Absconded from escort 2. Failure to return from leave 3. Left the hospital (escaped) <p>There were 125 total reported occurrences during 2014/15 and our target was to report fewer than 110 occurrences.</p> <p>During 2015/16 we reported 114 incidents and met the overall target but saw an increase of 9 incidents where service users left the hospital.</p>	<p>NHS South of England Patient Safety Improvement Programme</p> <p>It is a high risk area with historical data available for year on year comparison.</p>
	Minimise the risk of harm to service users within our inpatient services when we need to use physical interventions	<p>To reduce the number of prone restraints by 5% year on year (on all adult wards & PICU) based on 2015/16 data.</p> <p>During 2015/16 we reported 127 such incidents.</p>	<p>Positive and safe: reducing the need for restrictive interventions. April 2014</p> <p>There is historical data available for year on year comparison.</p>
	Ensure we follow people up when they leave our inpatient units within 48 hours to reduce risk of harm.	<p>95% of adults will be followed up by our services within 48 hours of discharge from psychiatric inpatient care. (This is a local target. The national target is that 95% CPA service users receive follow up within 7 days).</p>	<p>During 2014/15 this percentage was 94% and this reduced to 90% in 2015/16.</p> <p>There is historical data available for year on year comparison.</p>

Appendix Quality C CIP Flow Chart



Appendix Quality D – Triangulation of Workforce, Quality and Finance



Appendix Workforce A

Workforce Strategy: Gloucestershire Organisational Development and Workforce Delivery Plan

	Change Activity Required	How?	Outcomes	Delivery Date
Capability Lead:	Carol Sparks – Director of OD, ² gether NHS Foundation Trust			
Capacity Lead:	Tina Ricketts – HR Director, Gloucester Care Services			
Culture Lead:	Dave Smith – HR OD Director, Gloucestershire Hospitals			
1. Embed improvement capability	Shared approach to improvement capability and training delivered to staff across system to support transformational change	Develop Joint commissioning skills & resources and Joint transformation/service redesign resources Ensuring embedded improvement capability e.g. through new CPD arrangements – transformation master classes	People have the skills we need to deliver the goals of the STP and feel confident in their ability	Oct 2016
2. Model for distributed leadership	Develop and describe a shared model for distributed leadership, roll out to embed key capabilities	Building on previous work of leadership network will pool thinking between organisations on leadership models, including drawing on work with 'top leaders' programmes. Develop model, agree and then roll out across system	Leaders will feel supported to lead for and across the system. Organisations will collaborate with and support leaders who are assuming these roles	Oct 2016
3. Build co-production capability with clinicians and carers	Developing shared approach to building co-production capability	Embedding a culture of co-production Health e.g. through coaching to mobilise healthy behaviours and person led care Supporting self-care and prevention agenda - MECC, common e-learning module across Gloucestershire for healthy lifestyles	Patients are motivated to self-care and feel supported to make healthy choices. Improved patient experience and satisfaction. Increased patient activation Staff provide brief interventions to patients and individuals that lead to healthy living	Jan 2017
4. Enable the workforce in key skills (IM&T)	Define need and develop skills taking account of new models of care	IT enabled workforce –use of technology to support remote monitoring across health and care (telehealth and telecare training in domcare/ care homes/ practices/ community nursing)	Patients feel confident in using technology to help manage their conditions Staff feel equipped to use technology and integrate this into their working practice	Dec 2018
	Provide Mutual support and learning opportunities using opportunities in our system	Offering training support within the health community – opportunities for GHFT to support training for GCS staff and GCS for practice nurse staff	We adopt best practice within the economy and reduce the cost of outsourcing training	Sept 2017
	Creating one system	DBS clearance to follow individual Training passport for county Assess other elements of HR/recruitment practice that can be shared	Staff are able to rotate and take up new roles across our organisations without delay	Jan 2018
5. Model Current system workforce profile	Workforce Profiling	Sharing information on workforce, adopting workforce profiling tools, understanding common issues, improving data capture, looking at how we compare to elsewhere, using this to inform our actions, look at how this supports our system plans, keep information under review	We have a system-wide understanding of our workforce issues, we agree priorities for action based on what is best for the system	June 2016 with 6 monthly refresh

Appendix Workforce A

6. Develop future workforce profile (skill mix) Supporting New Models of Care	Developing new roles & integration (workforce skill mix)	Future - What does future workforce profile need to be to support new models of care. Now - What are the opportunities for new roles including Apprenticeships – health and care roles	We have a robust plan for our future workforce and we are developing the workforce in a timely fashion to underpin the roll out of our models of care	April 2017
	Learn from best practice	Participate in wider networks – e.g. HESW and bring back learning Learn from Vanguards and other national initiatives that have had workforce development at their core	We adopt an evidence based approach to our work and we avoid re-inventing the wheel	Ongoing and as identified
	Supporting access to care	Identify how 7 day working will impact on future workforce profiles	We have an agreed resource plan to support 7 day working	Dec 2016
7. Sustainable workforce Recruitment - Encouraging People to Join the Workforce Retention - Encouraging people to stay in the Workforce	Recruitment - Career Pathways – Schools	Promoting health and care careers as a package to schools, careers advisors, Skillsfest, work experience, business breakfasts	Pupils and career advisors have a better understanding of the range of career opportunities in health and care. Young people are encouraged to think about health and care careers from an earlier age and we see an increase in uptake of these career pathways.	April 2017
	Recruitment - Careers Pathways – 16+	University Technical College development, exploring local pathways into nursing linked to colleges/schools with University of Gloucestershire	Young people are supported to take up routes into health and care professions	Sept 2017
	Recruitment - Career Pathways – those not in employment	Work with LEP on application advice to those made redundant and work shadowing opportunities Support Building Better Opportunities initiative and LEP driven DWP programme to support employability	The statutory sector plays its part in improving employability in Gloucestershire and contributes to a reduction in people not in employment.	Ongoing
	Recruitment - Marketing Gloucestershire	Use community wide branding on advertisements and sell the county – build on work within primary care workforce strategy	People are attracted to come to work in Gloucestershire. They can see that are a cohesive system offering a wealth of opportunities.	Oct 2017
	Retention - Career pathways – those currently working in the NHS	Apprenticeships, nurse practitioner role Support the development of a Community Education Provider Network for Gloucestershire	People stay in Gloucestershire and take up training opportunities to pursue new roles	Jan 2017
	Retention - Health and Wellbeing of staff	Adopt and sponsor Workplace Wellbeing Charter in local economy	Our organisations promote the wellbeing of our staff which keeps them motivated to work here. We increase productivity and reduce staff absenteeism	June 2017
8. Describe vision, values & behaviours to support the STP agenda	Describe vision and values and align organisational strategies where appropriate	Alignment of organisational OD and workforce strategies to support STP goals	People working in Gloucestershire recognise the culture, values and behaviours agreed by the system and adopt these as their ways of working and this is evidenced through staff surveys	June 2016
9. Actively promote working across boundaries to create enabling culture	Learn from each other	Support network and culture of learning from each other – sharing of strategies, approaches to common problems		Ongoing

Appendix STP A – Critical Milestones

Operational Deliverables	2gether NHS FT		Gloucestershire		Herefordshire and Worcestershire	
	2017/18	2021	2017/18	2021	2017/18	2021
A quarter of all patients with one or more long term condition will have a personalised care plan	◆		◆		◆	
Adopted the learning from our NHSE Digital Test Bed	◆				◆	
Commissioning for urgent and responsive care on a new placed based basis		◆		◆		
Redesign of Urgent Care Pathways focusing on local out of hospital care	◆		◆		◆	
Delivered a new countywide bed model making best use of sites and resources		◆		◆		◆
Delivered Gloucestershire 30,000 model and community pilots	◆		◆			
Launch a collaborative system wide academy	◆		◆			
Developed a model for beds utilisation across Gloucestershire to ensure best use of resources	◆		◆			
Developed an new culture and approach to medicines optimisation in Gloucestershire					◆	
Developed and implemented new pathways for respiratory and dementia across our system	◆		◆			
Deliver a responsive Mental Health Crisis Service	◆		◆		◆	◆
Design alignment primary care, community services and secondary care	◆				◆	
Embed new diagnostics model for Gloucestershire	◆		◆		◆	
Link paramedic practitioners and additional mental health staff to practices and make sure pharmaceutical advisors cover a single cluster	◆		◆			
Supported local authority colleagues through the implementation of a new integrated healthy lifestyle service	◆		◆			
Reviewed programmes of care across our system, implementing new pathways ensuring right care, right place, right time		◆		◆		◆
Development of UC digital platform assuring 24/7 access	◆					
Developed system wide process for 7 day services		◆	◆	◆	◆	◆
Delivered a responsive Mental Health Crisis Service	◆					
Development of urgent care digital platform ensuring 24/7 access to a Directory of Service	◆		◆			
Mental Health Deliverables						
Additional psychological therapies 16.8% 2017/18, additional psychological therapies 19% by 2018/19	◆	◆	◆	◆	◆	◆
Increase access and availability of psychological therapy to 25% with MH condition	◆	◆	◆	◆	◆	◆
Development of dementia services 2016/17	◆	◆	◆	◆	◆	◆
Service delivered from community MH service for CYP 30% access in 2017/18, CYP 32% access 2018/19	◆		◆		◆	
Development of CAMHS community eating disorder services, treatment of 95% within one week	◆	◆	◆	◆	◆	◆
Development of perinatal mental health 100% progress by 2018/19	◆		◆		◆	
Development of IPS 25% by 2018/19		◆		◆		◆
Development of suicide reduction plan 10% nationally compared to 2016/17	◆		◆		◆	
Service delivery of 50% first episode of psychosis in 2 weeks and 53% first episode of psychosis in 2 weeks	◆	◆	◆	◆	◆	◆
Transforming care for people with learning disabilities	◆	◆	◆	◆	◆	◆
Out of area placements eliminated for adult acute MH care	◆	◆	◆	◆	◆	◆
Development of 24/7 crisis response services by 2018/19	◆	◆		◆		◆
All age MH liaison teams in acute hospitals, 50% meeting the core 24 standard as a minimum for 2018/19		◆		◆		◆
Delivery of specialist EIP service – 50% first episode psychosis treated within 2 weeks of referral	◆		◆		◆	

Appendix STP A – Critical Milestones

Operational Deliverables	2gether NHS FT		Gloucestershire		Herefordshire and Worcestershire	
	2017/18	2021	2017/18	2021	2017/18	2021
Deliver integrated physical and mental health checks for SMI 30% in 2017/18 and 60% in 2018/19	◆	◆	◆	◆	◆	◆
Deliver outcome monitoring (EIP, IAPT, ED) for 2018/19		◆		◆		◆
Health and justice pathway adopted 75% population for 2018/19		◆		◆		◆
Health and justice pathway adopted 83% population		◆		◆		◆
Meet 2/3 of the dementia diagnosis rate and new pathways for 2018/19		◆		◆		◆
Efficiencies						
Achieve the national planning assumptions of 1% demand mitigation and deliver 2% provider efficiency gains and additional QIPP savings	◆	◆	◆	◆	◆	◆
Identified transformational schemes that could begin to bridge the gap	◆				◆	
Invest £1.2 million in General Practice sustainability and transformation plans			◆			
Invested an additional £1.7 million to support the implementation of our prevention and self-care plan	◆		◆			
Optimum configuration of County wide estate	◆		◆			
Activity						
Commitment to placed based service delivery achieved		◆		◆		◆
Introduce a public facing directory of services to support people to understand local pathways	◆		◆		◆	
Progress work to join up commissioning strategies and joint working across commissioners and 2g	◆		◆		◆	
Workforce and Engagement						
Agree a model for distributed leadership which supports people to lead our 12 priorities across the system	◆		◆			
Align our organisational strategies across STP's	◆		◆		◆	
Deliver the 7 day working standards		◆		◆		◆
Develop a leadership network across Gloucestershire and train 100 leaders in the values to be role models within our organisations	◆		◆			
Embed the One Gloucestershire culture as evidenced in staff survey results	◆			◆		
Clinical engagement for front line staff to shape the implementation plans	◆				◆	
Introduce 500 shared and rotating clinical roles to support our new models of care				◆		
Introduce a new nurse training school		◆		◆		
Introduce a University Technical College in Gloucestershire		◆		◆		
Provide apprenticeships to support the development of nurse associates - Rapid Follower Wave	◆	◆	◆			
Train staff in health coaching, supportive technology and healthy lifestyles		◆		◆		
Train staff in service improvement and change management skills	◆		◆		◆	◆
Deliver National Wellbeing Charter	◆		◆		◆	◆
Trained Leaders within Integrated Community Teams across the STP	◆		◆			
Extend community engagement ensuring that communities have the opportunity to shape & develop our plans	◆		◆		◆	
Deliver communications and engagement plans in both STP's	◆		◆		◆	

Updates to the Draft Operational Plan

Section	Description of Change	Page
Acronyms	Additional Acronyms added	N/A
Activity	Response to NHSI Draft Plan Feedback	5
Quality	Response to NHSI Draft Plan Feedback	15
	Response to NHSI Draft Plan Feedback	16
Workforce	Response to NHSI Draft Plan Feedback	18
	Incorporate English amendments from Carol Sparks	20/21
Finance	Response to NHSI Draft Plan Feedback	23
	Response to NHSI Draft Plan Feedback	24
	Response to NHSI Draft Plan Feedback	26
STP	Revision to Herefordshire and Worcestershire – wording provided by Frances Martin	29
Herefordshire and Worcestershire STP	Additional Bullets	29/30
	Additional Bullets	31
Gloucestershire STP	Additional last sentence of first paragraph	32
	New section bullet points	33
	New last section of bullet points	34
Appendix Quality D	Revised triangulation information	N/A
Appendix STP A	Revision to Critical Milestones	N/A